

**U.S. DEPARTMENT OF DEFENSE (NATIONAL CAPITAL REGION)
MASS TRANSPORTATION BENEFIT PROGRAM APPLICATION**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 5 U.S.C. 7905, Programs to encourage commuting by means other than single-occupancy motor vehicles; Executive Order (E.O.) 12191, Federal Facility Ridesharing Program; E.O. 13150, Federal Workforce Transportation; DoD Instruction 1000.27, Mass Transportation Benefit Program (MTBP); and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): To manage and administer the DoD Mass Transportation Benefit Program for military and civilian personnel (to include non-appropriated fund (NAF) employees) applying for and in receipt of a commuter subsidy. To evaluate employee participation in the program. To provide audit capabilities and track the use of funds to support the program; ensure appropriate accountability; and prevent misuse of the funds involved. To report required information for program management and oversight to leadership and key stakeholders.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as listed in the applicable system of records notice located at: <https://www.federalregister.gov/documents/2022/01/07/2022-00118/privacy-act-of-1974-system-of-records>.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in disapproval of the Mass Transportation Benefit Program Application.

GENERAL INSTRUCTIONS

1. Print or type information. Obsolete, incomplete, or illegible applications **will not** be processed.
2. **Before** applying, check the Qualifying information section below. Program policy, instructions, application form, and distribution site information is available at: <https://www.whs.mil/MTBP>.
3. Check the website provided above to verify enrollment or call (571) 256-0962.
4. Once you verify enrollment, you may request benefits at a distribution site.
5. Counterintelligence Field Activity (CIFA) and Defense Intelligence Agency (DIA) employees must apply through their respective agencies.
6. There is approximately a month waiting period between the receipt of this application and the availability of the benefit.
7. **Upon completion**, fax application to: (703) 697-2144.
To check the status of your application, please call: (571) 256-0962.

QUALIFYING INFORMATION

To qualify for this program, you must be:

- (1) A civilian, military or NAF employee paid and employed by the Department of Defense, and
- (2) Permanently stationed and working in the National Capital Region (NCR).
 - Paid interns and summer hires in the NCR are eligible.
 - Members of the Reserve Components who are performing active duty for more than 30 days are eligible.

The following are not eligible to receive the subsidy:

- Contractors
- Personnel that are TDY to the NCR from another area.
- Personnel that are on detail to the NCR from an area outside the NCR.
- Inactive reserve personnel
- Intergovernmental Personnel Act (IPA) employees (unless appointed to DoD).
- Foreign Exchange Employees.

1. **IMPORTANT:** To process this application, you must select one of the following. Are you (X only one):

- NEW ENROLLMENT**
 RE-ENROLLING (*X here if you have been previously enrolled in the DoD NCR Program.*)
 WITHDRAWING
 MAKING A CHANGE

2. EMPLOYEE CERTIFICATION

WARNING: This Certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to a criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal. Substantiated violations of any of these certifications may impact an employee's security clearance status. Information provided on this form may be audited.

MANDATORY: Read and check each box. Sign and date Item 8 on Page 3 after completing form.

- I certify that I understand that I am employed by the U.S. Department of Defense and am not named on a Federally subsidized workplace parking permit with DoD or any other Federal agency. If applicable, I have relinquished my workplace parking permit to the issuing authority.
- I certify that I understand that my claim for benefits is as a Federal employee and not as a contract employee.
- I certify that I understand that I am eligible for a public transportation fare benefit, will use it only for my daily commute to and from work, will not transfer it to anyone else, and will not allow anyone else to use it.
- I certify that I understand that the monthly transportation benefit I am receiving does not exceed my monthly commuting costs.
- I certify that I understand that I must adjust the amount received based upon long term TDY.
- I certify that I understand that upon separation from DoD, I will return unused fare media to the MT representative. If I have converted the fare media to another form of media, I will reimburse the DoD by check or money order payable to the U.S. Treasury.
- I certify that I understand that I will notify the MTB office of any changes in my status, i.e., home or work address, change in commuting pattern, or change in organization even if within the DoD.
- I certify that I understand that I will not calculate parking costs.

EMPLOYEE SIGNATURE

DATE SIGNED (YYYYMMDD)

CUI (when filled in)

ORGANIZATION CODES. Use these codes to complete Item 3.m., "Organization".

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|--------------------------|--|-------------------|--|-------------------|--|
| U.S. AIR FORCE | | U.S. ARMY | | NETCOM | |
| HAF | Headquarters Air Force | HQDA | Headquarters, Department of the Army | NGB | U.S. Army Network Command |
| FOA/DRU | Field Operating Agency/ Direct Reporting Unit | ATEC | Army Test and Evaluation Command | OCAR | Army National Guard |
| AF/NAF | CDC, MWR, BOQ, EXCHANGE | AMC | U.S. Army Materiel Command | OSD/ARMY | Office, Chief, Army Reserve |
| Other/AF | All other Air Force not listed above | CID | U.S. Army Criminal Investigation Command | SDDC | Office of the Secretary of Defense - Army Employee |
| U.S. MARINE CORPS | | DLI | Defense Language Institute | SMDC | Surface Deployment and Distribution Command |
| 27 HQMC | Headquarters, Marine Corps | HRC | Human Resources Command | USAASC | U.S. Army Space and Missile Defense Command |
| MC/NAF | CDC, MWR, BOQ, EXCHANGE | INSCOM | U.S. Army Intelligence and Security Command | USACE | U.S. Army Acquisition Support Center |
| Other/MC | All other Marine Corps not listed above | IMCOM | Installation Management Command | WRAMC | U.S. Army Corps of Engineers |
| U.S. SPACE FORCE | | JCS/ARMY | Joint Chiefs of Staff - Army Employee | A/NAF | Walter Reed Army Medical Center |
| USSF | US Space Force | MC/SG | U.S. Army Medical Command/ The Surgeon General | Other/ARMY | CDC, MWR, BOQ, EXCHANGE |
| | | MDW | U.S. Army Military District of Washington | | |
| U.S. NAVY | | | | | |
| 11 N09BF | Director, Field Support Activity - all OPNAV | 33 MSC | Military Sealift Command | | |
| 12 DON/AA | Assistant for Administration | 39 SPAWAR | Commander, Space and Naval Warfare Systems Command | | |
| 14 CNR | Chief of Naval Research | 41 NSMA | Director, Naval Systems Management Activity | | |
| 15 INTCOM | Director, Office of Naval Intelligence | 52 CNI | Commander Naval Installations | | |
| 18 BUMED | Chief, Bureau of Medicine and Surgery | 60 LANTFLT | Commander in Chief, U.S. Atlantic Fleet | | |
| 19 NAVAIR | Commander, Naval Air Systems Command | 69 SECGRU | Commander, Naval Security Group Command | | |
| 22 BUPERS | Chief of Naval Personnel Commander, Naval Supply Systems | 70 PACFLT | Commander in Chief, U.S. Pacific Fleet | | |
| 23 NAVSUP | Command | 72 RESFOR | Commander, Naval Reserve Force | | |
| 24 NAVSEA | Commander, Naval Sea Systems Command | 76 NETC | Naval Education and Training Command | | |
| 25 NAVFAC | Commander, Naval Facilities Engineering Command | N/NAF | CDC, MWR, BOQ, Navy Exchange Lodge, NGIS | | |
| 30 SSP | Director, Strategic Systems Programs | Other/NAVY | All other Navy not listed above | | |

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|---|---|---------------|---|-------------------|--|
| U.S. DEPARTMENT OF DEFENSE - COMPONENT | | | | | |
| AAFES | Army/Air Force Exchange Service | DLA | Defense Logistics Agency | NDU | National Defense University <i>(employees only)</i> |
| AFIS | American Forces Information Service | DLSA | Defense Legal Services Agency | OLDCC | Office of Local Defense Community Cooperation |
| DARPA | Defense Advanced Research Projects Agency | DoDCC | DoD Concessions Committee | OSD | Office of the Secretary of Defense |
| DAU | Defense Acquisition University <i>(employees only)</i> | DODEA | Defense Education Activity | OSD/JS WRA | OSD/JS Welfare and Recreation Association |
| DBTA | Defense Business Transformation Agency | DOD IG | Defense Office Inspector General | PFFPA | Pentagon Force Protection Agency |
| DECA | Defense Commissary Agency | DPMO | Defense POW/MP Office | STARS | Stars & Stripes |
| DCAA | Defense Contract Audit Agency | DSCA | Defense Security Cooperation Agency | | |
| DCMA | Defense Contract Management Agency | DTIC | Defense Technical Information Center | | |
| DCSA | Defense Counterintelligence and Security Agency | DTRA | Defense Threat Reduction Agency | | |
| DFAS | Defense Finance and Accounting Service | DTSA | Defense Technology Security Administration | | |
| DHA | Defense Health Agency | JCS | Joint Chiefs of Staff | | |
| DHRA | Defense Human Resources Activity | MDA | Missile Defense Agency | | |
| | | NGA | National Geospatial Intelligence Agency | | |
| USUHS/ AFRI | | | Uniformed Services University of the Health Sciences/Armed Forces Radiobiology Research Institute <i>(employees only)</i> | | |
| WHS | | | Washington Headquarters Services | | |

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|--|---------------------------------------|---|-----------------------------|--|--|
| 3. APPLICANT INFORMATION | | | | | |
| a. LAST NAME | | b. FIRST NAME | | c. MIDDLE INITIAL | |
| d. RESIDENCE (City) | | e. STATE | f. 9-DIGIT ZIP CODE* | g. WMATA SMARTTRIP CARD NUMBER | |
| *To find your 9-digit zip code, check http://zip4.usps.com/zip4/welcome.jsp | | | | | |
| h. LAST 4 DIGITS OF YOUR SSN | | i. WORK E-MAIL ADDRESS | | | j. WORK TELEPHONE NUMBER <i>(Include Area Code)</i> |
| k. DUTY STATION <i>(the building where you report to work) (Street address)</i> | | | | l. CITY | m. 9-DIGIT ZIP CODE* |
| n. ORGANIZATION CODE <i>(Listed above) (Indicate the organization that employs you (i.e., pays your salary). Military personnel should indicate their branch of service, not the Defense Component to which they are assigned.)</i> | | | | | <input type="checkbox"/> OTHER <i>(If not listed, specify):</i> |
| o. TYPE OF EMPLOYEE: MILITARY PERSONNEL | | p. OTHER TYPE OF EMPLOYEE: (X one only) | | q. FOR NAF FUNDING: | |
| (1) STATUS: (X one only) | | <input type="checkbox"/> CIVILIAN | | BRANCH OF SERVICE: (X one only) | |
| (2) BRANCH: (X one only) | | <input type="checkbox"/> NON-APPROPRIATED FUNDS (NAF) | | <input type="checkbox"/> AIR FORCE | |
| <input type="checkbox"/> MILITARY - ENLISTED | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> PAID TEMPORARY HIRE | | <input type="checkbox"/> MARINE CORPS | |
| <input type="checkbox"/> MILITARY - OFFICER | <input type="checkbox"/> SPACE FORCE | <i>Term of employment:</i> | | <input type="checkbox"/> SPACE FORCE | |
| <input type="checkbox"/> RESERVIST - ENLISTED | <input type="checkbox"/> ARMY | Start date (YYYYMMDD): End date (YYYYMMDD): | | <input type="checkbox"/> OTHER: | |
| <input type="checkbox"/> RESERVIST - OFFICER | <input type="checkbox"/> NAVY | | | <input type="checkbox"/> ARMY | |
| | <input type="checkbox"/> MARINE CORPS | | | <input type="checkbox"/> NAVY | |
| r. ARE YOU ISSUED A FEDERALLY SUBSIDIZED PARKING PASS? | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE DO YOU PARK? _____ | | | | | |

4. MASS TRANSPORTATION EXPENSE WORKSHEET

NOTE: DD Form 2845 application requires DoD subsidy participants to calculate their usual monthly mass transportation commuting cost. This worksheet must be completed to receive subsidy benefits and will assist employees in computing their usual monthly mass transportation commuting cost to the nearest dollar.

INSTRUCTIONS: Calculate your Total Monthly Mass Transportation Expenses by listing your mode of mass transportation and how much it costs you.

- Use the **Daily** column if you pay for transportation on a daily basis,
- OR the **Weekly** column if you purchase weekly commuter tickets;
- OR the **Monthly** column if you purchase a monthly ticket or pass.

It is possible that you may list costs in more than one column depending on the number of transportation modes you take and how you pay for them. Then, using the conversion section, convert all costs to monthly costs, to the nearest dollar amount.

- Applicants must calculate their monthly expenses based on the number of days commuted per month, taking into account telecommuting, alternate or compressed work schedules, e.g., 17, 19, or 21 days per month.

REMEMBER: Parking fees **are not allowed** and cannot be included when computing monthly transit costs. If you are a person with a disability or a senior citizen receiving reduced fare rates, you must calculate the reduced fare rates that you pay.

| a. MODE OF TRANSPORTATION | | b. DAILY EXPENSE | c. WEEKLY PASS EXPENSE | d. MONTHLY PASS EXPENSE |
|---|-------------------------|-------------------------|------------------------|-------------------------|
| (1) BUS TO WORK <i>(Local)</i> | NAME OF COMPANY | | | |
| (2) BUS FROM WORK <i>(Local)</i> | NAME OF COMPANY | | | |
| (3) OTHER BUS MODE TO WORK <i>(Commuter or County)</i> | NAME OF COMPANY | | | |
| (4) OTHER BUS MODE FROM WORK <i>(Commuter or County)</i> | NAME OF COMPANY | | | |
| (5) RAIL TO WORK <i>(Light Rail or Subway)</i> | FROM WHAT STATION | | | |
| (6) RAIL FROM WORK <i>(Light Rail or Subway)</i> | FROM WHAT STATION | | | |
| (7) COMMUTER RAIL TO WORK <i>(Train)</i> | NAME OF COMPANY/STATION | | | |
| (8) COMMUTER RAIL FROM WORK <i>(Train)</i> | NAME OF COMPANY/STATION | | | |
| OTHER <i>(Specify)</i> | (9) TO WORK | NAME OF COMPANY/STATION | | |
| | (10) FROM WORK | NAME OF COMPANY/STATION | | |
| (11) VAN POOL COST PER MONTH | NAME OF COMPANY/STATION | | | |
| (12) TOTAL | | | | |

5. CONVERSIONS

| a. DAILY COST TO MONTHLY | | | b. WEEKLY PASS TO MONTHLY | | |
|---|---------------------------------------|---|---------------------------|--|---------------------------------|
| (1) DAILY MASS TRANSIT COST | (2) NUMBER OF DAYS COMMUTED PER MONTH | (3) TOTAL DAILY COST PER MONTH | (1) WEEKLY PASS COST | (2) NUMBER OF WEEKS COMMUTED PER MONTH | (3) TOTAL WEEKLY COST PER MONTH |
| c. TOTAL DAILY COST PER MONTH <i>(If any)</i> | | d. TOTAL WEEKLY PASS COST PER MONTH <i>(If any)</i> | | e. TOTAL MONTHLY PASS COST PER MONTH <i>(If any)</i> | |

| | |
|-------------------------------|---|
| 6. GRAND TOTAL COST PER MONTH | 7. MY GRAND TOTAL MONTHLY MASS TRANSPORTATION COMMUTING COSTS ROUNDED TO THE NEAREST DOLLAR <i>(Round either up or down to nearest dollar)</i> |
|-------------------------------|---|

8. EMPLOYEE. I certify that the above information is true and correct. I further acknowledge that any false statements or misrepresentations made by me for the purposes of my certification for this benefit may subject me to criminal, civil, or administrative penalties.

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|-----------------------|-------------------------------------|
| a. EMPLOYEE SIGNATURE | b. DATE SIGNED <i>(YYYYMMDD)</i> |
|-----------------------|-------------------------------------|

9. THIS SECTION IS TO BE COMPLETED BY SUPERVISOR.
I confirm that the applicant is employed by the DoD, works at the duty station indicated, and has calculated the benefit based on the actual hours worked (considering alternate work schedules, teleworking, etc.).

| | | | |
|--|----------|-------------------|-------------------------------------|
| a. PRINTED OR TYPED NAME | b. TITLE | e. SIGNATURE | f. DATE SIGNED <i>(YYYYMMDD)</i> |
| c. TELEPHONE NUMBER <i>(Incl. area code)</i> | | d. E-MAIL ADDRESS | |

10. THIS SECTION IS TO BE COMPLETED BY AGENCY MASS TRANSPORTATION REVIEWING OFFICIAL.
I have reviewed this application and certify that employee is eligible to receive the mass transportation benefits.

| | | | |
|--|----------|-------------------|-------------------------------------|
| a. PRINTED OR TYPED NAME | b. TITLE | e. SIGNATURE | f. DATE SIGNED <i>(YYYYMMDD)</i> |
| c. TELEPHONE NUMBER <i>(Incl. area code)</i> | | d. E-MAIL ADDRESS | |