

PRESIDIO OF MONTEREY
MASS TRANSPORTATION BENEFIT PROGRAM (ARMY)
TRANSPORTATION INCENTIVE PROGRAM (NAVY/USMC/AIR FORCE)
COVER PAGE

NAME (Last, First): _____

Full address:

Street: _____ Apt/Unit: _____

City: _____ Zip Code: _____

I plan to ride the bus to/from work:

___ 5 days a week ___ 4 days a week ___ 3 days a week ___ 2 days a week ___ 1 day a week

Read and initial each:

_____ I am not a contractor. I understand that only DOD employees are eligible for the Mass Transportation Benefit and Transportation Incentive Programs.

_____ I understand that I am asking the U.S. Government to pay for my commute to and from work using mass transit. I am not asking for a bus pass for any other reason (contingency in case it rains or my car breaks down, shopping in San Jose or Salinas on the weekend, etc.)

_____ I plan to ride the bus for no less than three months. I am not here to get a bus pass while my car is with a mechanic being repaired.

_____ I understand that I CANNOT sell, give or otherwise transfer my passes to ANYONE else (children, family members, co-workers or friends). Doing so is considered fraud and will result in automatic removal from the Mass Transportation Benefit or Transportation Incentive Program and possible disciplinary action.

_____ If I do not sign for my bus passes for three consecutive months, I understand that I will be automatically dropped from the Mass Transportation Benefit or Transportation Incentive Program. I understand that if I am dropped three times from the MTBP or TIP, I will be permanently removed from the program.

By signing this document I understand and agree to all terms and conditions stated above.

Signature _____ Date _____