

U.S. DEPARTMENT OF AGRICULTURE  
PRE-TAX PARKING APPLICATION  
(Please type or print legibly in blue or black ink)

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_

If applicable: Div/Unit \_\_\_\_\_ Rm#/Sub Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

**Parking Facility (Please provide the name of the parking facility that you use in the space below):**

Metro Lot \_\_\_\_\_ Private Lot \_\_\_\_\_ Public Lot \_\_\_\_\_

Parking Meter \_\_\_\_\_ Other(explain) \_\_\_\_\_

**Employee Certification:**

**WARNING:** This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to 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:

I certify that I am employed by the Department of Agriculture.

I certify that I am eligible for a pre-tax parking benefit.

I certify that the monthly pre-tax parking I am receiving does not exceed my monthly parking cost.

I certify that my usual monthly parking costs are: \$ \_\_\_\_\_

Employee **Original** Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parking Coordinator:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_