



NIH

# Bicycle Subsidy Program Application



DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_ NIH ID NUMBER: \_\_\_\_\_

INSTITUTE/DIVISION: \_\_\_\_\_ BUILDING NAME OR NUMBER: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ Room #: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_ Apt #: \_\_\_\_\_

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


OFFICE PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**CERTIFICATION:** My signature certifies that I am an NIH Federal employee, fellow, summer student, or volunteer. I may not concurrently receive Transshare benefits. I have surrendered all parking hangers, parking permits and/or parking privileges at NIH or HHS owned or leased properties. To the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, including a fine and imprisonment for up to five years; a civil penalty action providing for administrative recoveries of up to \$5,000 per violation; and/or agency disciplinary actions up to and including dismissal.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** Public Law 101-509, title IV-General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH Employee Transportation Services Office (ETSO) to analyze participation in the NIH Bicycling Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH Bicycling Program.

 **This section to be completed by ETSO Staff:**

Enrollment Authorized: **Yes**    **No**

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_