

Appendix A

**ABC Subsidy Certification Form
(Taxable Subsidy)**

Participant Name: _____

Claims for the ABC subsidy will be accepted annually and are for the months of November 1 – October 31.

Attach the completed form below and your paid receipt(s) to a paper form 1164. Proper Signature(s) are required. Submit completed forms via email to Parking.TransitOffice@dot.gov or to the below address:

TRANServe
Parking and Transit Office
W12-101
1200 New Jersey Ave. SE
Washington, DC 20590

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| January Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| March Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| May Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| July Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| September Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| November Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |

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| February Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| April Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| June Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| August Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| October Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |
| December Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature |

I certify the receipts attach to this form qualify for the Active Bicycle Benefit (ABC) subsidy.

Participant Signature: _____