



# TRANSIT PROGRAM

## Applicant Guide

Updated April 12, 2016

# Apply for the Transit Program

1. Purchase and Register a SmarTrip® card

*Required only for Washington D.C. metro area participants*

2. Use your NLRB federal email address to create a User Account

3. Submit the Transit Benefit Application and Worksheet via the TRANServe Web Application

*\*\*\* TRANServe Debit Card holders must register debit card with JPMorgan once received from your point of contact (Instructions about registering card provided upon receipt of your debit card). \*\*\**

# Purchase and Register a SmarTrip® Card

SmarTrip® card use is mandatory for all participants in the National Capital Region who ride Metro Rail, Metro Bus, and all Washington, D.C. Metropolitan Area bus systems including ART - Arlington Transit, DASH, DC Circulator, CUE Fairfax, Quicks Bus, Loudon Commuter Bus, PRTC OmniRide, Montgomery County Ride On and The Bus.

# A. Purchase a SmarTrip® Card

This is a reloadable electronic fare card. Using a reloadable fare card supports government initiatives to support and improve the environment.

You can purchase a new SmarTrip ® Card at a Metro Sales Store, Metro Kiosks, Commuter Stores, and many retail establishments. For more information on purchase locations:

<http://www.wmata.com/fares/purchase/where.cfm>

You can also purchase a SmarTrip® Card on line

<https://smartrip.wmata.com/storefront>

An online order requires a shipping address that matches the billing address on record with your credit card provider.

## B. Create a Personal Account and Register Your SmarTrip® Card

You must register your SmarTrip® card with WMATA in order to receive your transit benefit electronically. Registration may take up to 48 hours to be reflected in the WMATA system. An additional benefit to registering your card is to protect the funds on the card. If lost or stolen you may cancel it. After you replace your SmarTrip® card, you can transfer the funds to the new card.

1. Register your SmarTrip® card here:

<https://smartrip.wmata.com/Registration/Register.aspx>

2. You must indicate the type of card by matching the serial number on the back with the pattern that is circled in the illustration on the next page.

# Examples

## TIP

Ensure to include all zeroes at the beginning of the card number on your application

Card Type #1: Ⓞ

use return to: WMATA, 600 Fifth Street, N.W.  
D.C. 20001

irTrip® and SmartBenefits® logos  
id trade/service marks of WMATA.

012345678 C3DW803

serial number

Card Type #2: Ⓞ

use return to: WMATA, 600 Fifth Street, N.W.  
D.C. 20001

irTrip® and SmartBenefits® logos  
id trade/service marks of WMATA.

012345678 3 C3DW803

serial number check sum

Card Type #3: Ⓞ

e return to: WMATA, 600 Fifth Street, N.W.  
I.C. 20001

irTrip® and SmartBenefits® logos  
trade/service marks of WMATA.

C3DW017 0020 0001 5644 364 6

serial number

Card Type #4: Ⓞ

return to: WMATA, 600 Fifth Street, N.W.  
. 20001

irTrip® and SmartBenefits® logos  
ide/service marks of WMATA.

GD1137 0167 0693 4564 7992 9601

serial number

# SmarTrip® Card Numbers

## HOW TO FIND SMARTRIP CARD NUMBER?

SmarTrip cards are limited to WMATA commuters in the NCR (Washington, DC-Virginia-Maryland)

If you do not commute on WMATA in these areas enter N/A.

Enter the SmarTrip Card number without dashes or spaces.

See the samples below to identify your card number series, then insert the numbers on the application in the same format that follow =

Type #1: 012345678 C3DW803 = 012345678

Type #2: 12345678 3 C3DW803 = 123456783

Type #3: C3DW017 0020 0001 5644 364 6 = 0020000156443646

Type #4: GD1137 0167 0693 4564 7992 9601 = 01670693456479929601

Close

# Still Have SmarTrip® Card Questions?

Contact WMATA directly on 202-637-7000 or email [smartrip@wmata.com](mailto:smartrip@wmata.com)

Submit a Web Inquiry

[http://www.wmata.com/about\\_metro/contact\\_us/ridercomment.cfm](http://www.wmata.com/about_metro/contact_us/ridercomment.cfm)

# Ride More Than One Transit System?

Allot some of your benefit to your SmarTrip® card and the rest to your TRANServe Debit Card.

# Use Your Transit Benefit

This benefit is provided for commuting between your place of residency and your NLRB work location.

No office travel is permitted using the transit benefit.

# Protect Your Transit Benefit

The electronic benefit will be removed at the end of each funding cycle. If you receive an amount greater than your commuting cost due to extended leave or other circumstances, you must adjust your benefit allocation using the **TRANServe Web Application**.

No personal use is permitted with the transit benefit.

Let's Do It!

FIRST STOP

[TRANServe.dot.gov](http://TRANServe.dot.gov)

# SECOND STOP

## Participants Tab

# Use your NLRB federal email address to create a User Account Profile in the Transit Benefit Application System

The screenshot shows a web interface for logging in and registering. At the top, there is a header labeled "LOG IN". Below this, there are two input fields: "\*User Name:" and "\*Password:". To the right of the password field is a blue link that says "Forgot Password?". Below the input fields is a "Log In" button. At the bottom of the page, there is a section labeled "NOT REGISTERED YET?" with a "Register" button. A red arrow points to the "Register" button.

**REMEMBER: YOU ONLY NEED TO REGISTER THE FIRST TIME**

**ACCOUNT INFORMATION**

\* indicates required field.

\*User Name:  ←

\*First Name:

Middle Name:

\*Last Name:

\*Agency/Mode:  ←

Phone Number:

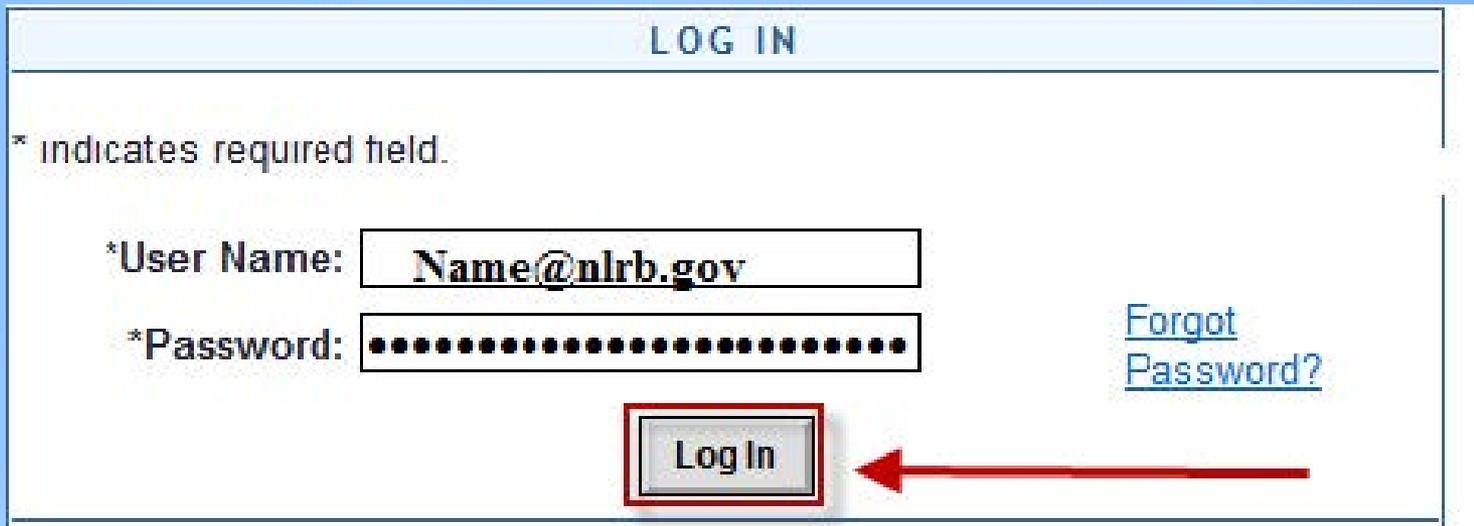
→

- Complete the registration form
- Use your NLRB email address as your User Name@NLRB.gov
- Click **Register**

*NOTE: A temporary password will be emailed to you at your official NLRB email address. When you receive the temporary password, follow the instructions beginning on the next page.*

# Submit the Transit Benefit Program Expense Worksheet and Application

- Type in your User Name and Password
- Click **Log In**



LOG IN

\* indicates required field.

\*User Name:

\*Password:

[Forgot Password?](#)

A red arrow points to the "Log In" button.

# Select **Change Password**

Approval Section Utilities Admin Logout

Welcome To Parking and Transit Benefit Public Website Version v 1.0



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-  [Transit Benefit Application](#)
-  [Approval Section](#)
-  [My Account](#)
-  [Change Password](#) ←
-  [Log out](#)

**CHANGE PASSWORD**

\*Current Password:

\*Create New Password:

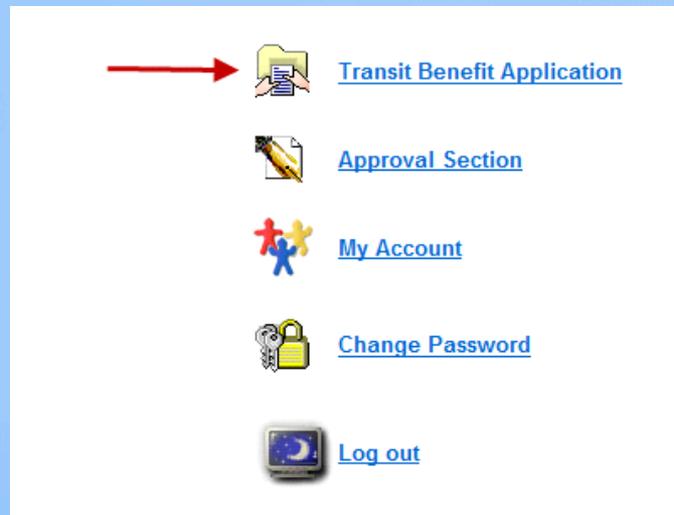
\*Reenter New Password:

\*Create a Hint:

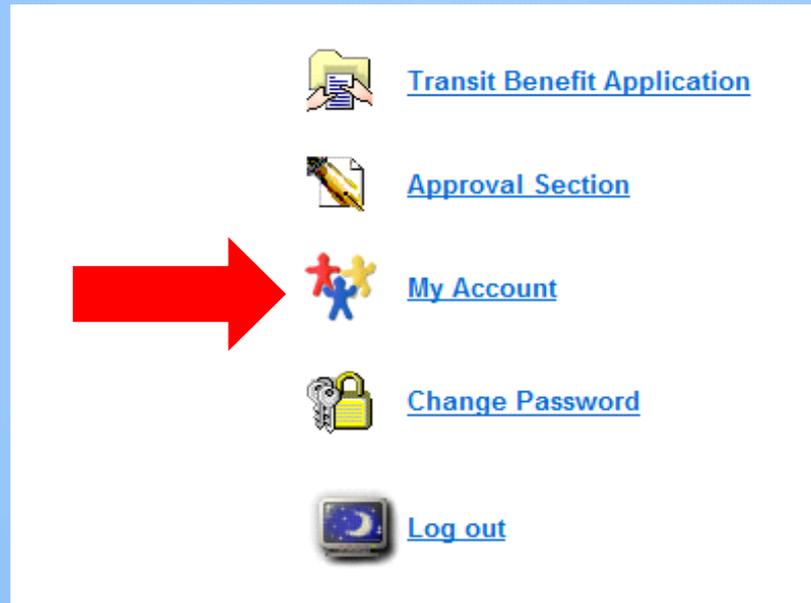
A hint is a meaningful personal association to help you remember your password. This is optional, but highly recommended.

- Complete the Change Password Form
- Click **Submit**
- Password Changed will be displayed
- Click **Home** on the blue task bar to continue

Select **Transit Benefit Application** to Apply, Withdraw, Request Information, or Change Existing Information



Select **My Account** To Update Account Information (Name, Username, Phone Number, Email Address, etc..)



# Select **Certify / Enroll** To Complete the Transit Benefit Application

SELECT AN ACTION TO CONTINUE

**Employer:** Consumer Product Safety Commission

**Please make a selection**

Request Information 

  **Certify/Enroll** 

Select **Continue**

# Read the Terms and Conditions

## Select **I Agree** to Continue

### WARNING !

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may constitute criminal violations punishable under Title 18, United States Code, Section 1001, by imprisonment up to five years and fines up to \$10,000 for each offense, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am employed by the U.S. Federal Government.
- I certify that I am not named on a federally subsidized parking permit with any other federal agency.
- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.
- I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.
- I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am out of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit the following month if appropriate.
- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.

# Application Data

Common ID is: **Last Name**  
Work Number: **Your Direct Telephone Number**  
Point of Contact: **NLRB Transit**

Open “Select”

Choose for Your Work Location

# Follow the Instructions to Complete Your Transit Application and Worksheet :

## TRANSIT BENEFIT APPLICATION WORKSHEET

All Transit Benefit Program Applicants are required to certify the **"Total Monthly Expense"** of their Home to Work Mass Transit Commute.

**Parking fees are not eligible for the transit benefit and must not be included in "Total Monthly Expense".**

Instructions: To calculate your **"Total Monthly Expense"**

- a. Select your transportation method(s)
- b. Enter the following information in the "To Work" and "From Work" row(s) of each transportation method:
  - i. Name of Company for your method of transportation (Metro, BART, Subway)
  - ii. Daily or Monthly Expense
  - iii. Number of days you routinely work in a month
- c. If you purchase a Monthly pass, divide the price of the pass by 2, and enter the information in the Monthly Expense column.
- d. The Total Monthly Expense value automatically populates

# Complete the Expense Worksheet

1. Specify the Reason for Certification using the drop down menu
2. Check the box to certify you completed the Integrity Awareness Review
3. Select your methods of mass transportation
4. Select Employment Type from the drop-down menu
5. Select your work status from the drop-down menu
6. Enter ONE Transit Company Name per line
  - a. Do NOT enter Metro/VRE or any other combination
  - b. Do use the “Other” field for additional entries
7. Enter either your daily or monthly commuting expenses
  - a. Use monthly ONLY if you purchase a monthly pass
  - b. Enter the number of days you routinely work in a month
    - ✓ Do you have a Regular Day Off (RDO)?
    - ✓ Do you routinely telework?

**Repeat these steps for each method of mass transit you routinely use.**

The Total Monthly Expense automatically calculates and transfers to the application.

\* indicates required field.

\*Reason for Certification:

I have completed the required Transit Program Awareness training for my Agency 

\*Select your transportation methods:

Bus  Rail  Other Method  Vanpool

Employment Type:   Work Status:

\*Reason for Certification: Annual Certification/Recertification ▾

\*Select your transportation methods:

Bus  Rail  Other Method  Vanpool

\*Civilian/Military: Civilian ▾ Work Status: Full Time ▾

If you work 8-hour days, enter # in the Days per Month column  
If you work 9-hour days, enter # in the Days per Month column  
If you work 10-hour days, enter # in the Days per Month column  
If you telecommute or work part time, enter the number of days you actually commute to/from work.

Method of Transportation		Daily Expense	Days per Month	Monthly Expense
Bus to Work	Name of Company <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Bus from Work	Name of Company <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other Bus to Work	Name of Company <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Other Bus from Work	Name of Company <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Every Transit Benefit Program Participant is responsible to adjust the amount of their transit benefit each month to reflect the actual cost of their home to work commute.

Total Monthly Expense:

Defined work schedule examples:

If you work a Basic schedule of 8-hours per day, the average amount of 21 days can be entered into the Days per Month column

If you work a Flex Schedule of 9-hours per day, the average amount of 19 days can be entered into the Days per Month column

If you work a Compressed schedule of 10-hour days, the average amount of 17 days can be entered into the Days per Month column

If you telecommute or work part time, enter the number of days you actually commute to/from work.

Method of Transportation		Daily Expense	Days per Month	Monthly Expense
<b>Bus to Work</b>	Name of Company City Bus	\$ 2.00	8	\$ 16.00
<b>Bus from Work</b>	Name of Company City Bus	\$ 2.00	8	\$ 16.00
<b>Other Bus to Work</b>	Name of Company Commuter Bus	\$ 4.00	8	\$ 32.00
<b>Other Bus from Work</b>	Name of Company Commuter Bus	\$ 4.00	8	\$ 32.00
<b>Rail to Work</b>	Name of Company Subway	\$ 1.40	8	\$ 11.20
<b>Rail from Work</b>	Name of Company Subway	\$ 1.52	8	\$ 12.16 x
Every Transit Benefit Program Participant is responsible to adjust the amount of their transit benefit each month to reflect the actual cost of their home to work commute.		Total Monthly Expense: 107.20		

## TRANSIT BENEFIT PROGRAM APPLICATION

\*Last 4:  [?](#)

Name: JOHNSON    CHERI    A.  
(Last)            (First)        (Middle Name)

Email Address: cheri.johnson@dot.gov

\*Work Phone:  [?](#)

\*Common Identifier:  [?](#)

### DEPARTMENT OF TRANSPORTATION

\*Select Your Agency/Mode:  [?](#)

\*Region:  [?](#)

\*Admin:  [?](#)

Not Applicable:  [Select...](#) [?](#)

Not Applicable:  [Select...](#) [?](#)

Not Applicable:  [Select...](#) [?](#)

I certify that my usual **monthly Transit commuting costs** are:  [?](#)

I certify that my usual **monthly Transit commuting costs** are:  [?](#)

**WORK INFORMATION**

\*Work Address:

\*Work City:

\*Work State:

\*Work Zip:

**RESIDENCE INFORMATION**

\*Address:

Address 2:

\*City:

\*State:

\*Zip

\*Transit Coordinator:  [Select...](#) [?](#)

\*Point of Contact:  [Select...](#) [?](#)

\*Program Office:  [Select...](#) [?](#)

Manager Phone:

\*SmartTrip Card Number:  [?](#)

Comment for Agency Approvers: [?](#)

# Complete the Transit Benefit Program Application

At any point, click  for additional information

- |                                 |  |
|---------------------------------|--|
| 1. Identifier:                  | Last 4 of your SSN   |
| 2. Work Phone:                  | Enter your Work Phone  |
| 3. Common Identifier:           | Last Name  |
| 4. Agency/Mode:                 | NLRB   |
| 5. Region:                      | Duty Station Location  |
| 6. Enter work information:      | The full address to which you commute using mass transit   |
| 7. Enter residence information: | The full address from which you commute via mass transit   |
| 8. Transit Coordinator:         | Select NLRB Transit  |
| 9. Point of Contact:            | Select NLRB Transit  |
| 10. Program Office:             | Select NLRB Transit  |
| 11. Supervisor Phone:           |  |
| 12. SmarTrip® card number:      | <i>Refer to the icon to identify the correct digit sequence required by Metro. (example pages 6 &amp; 7 of this guide)</i> |
| 13. Comments:                   | If applicable, enter any additional information that will assist Approving Officials                                       |

Click “Continue” to Submit Application

All required fields must be completed for the system to accept the application.



Email questions to

[transit@nlr.gov](mailto:transit@nlr.gov)