

KASEMAN
 1421 Jefferson Davis Highway
 Suite 701
 Arlington, VA 22202
 1 800 259 0814

EMPLOYEE PARKING FORM
Fax to secure line: 703-413-7450

Airport Code _____	Airport Name: _____
Last Name: <input style="width:90%;" type="text"/>	
First Name: <input style="width:90%;" type="text"/>	
Middle Initial: <input style="width:15%;" type="text"/>	
SSN (last 4 digits) _____ <i>Please make sure numbers are legible</i>	Effective Date: ____/____/____ (New to Parking Program/Leaving Parking Program)
<p style="text-align: center;"><u>Check one</u></p> New <input type="checkbox"/> Revised <input type="checkbox"/> Cancel <input type="checkbox"/> Reinstatement <input type="checkbox"/>	<u>Reason for Cancellation:</u>

Home Address: _____	City _____
State _____ Zip Code _____	Home Phone () _____
Work Phone () _____	Cell Phone () _____
Primary email address: _____	

Desired Payment Method (check one below) Please note that KASEMAN will charge a fee for a declined card, do not honor, insufficient funds, stolen card, restricted card, etc. Please make sure the account you provide is satisfactory and in good standing prior to our monthly collection which is the first day after the first pay date of every month. Currently this fee is \$20 but subject to change.

Bank withdrawal (preauthorized debit). You need to also complete an Authorized Agreement form for Preauthorized Payments.

Credit card Master Visa Card Holder's Name _____
 Card # _____ Expiration Date ____/____

Debit card Master Visa
(Your debit card must show a Visa or MasterCard logo to process)
 Card # _____ Expiration Date ____/____

Parking facility Name _____	Permit Number Assigned _____
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Car Information	Car #1	Car #2
Make/Model ⇒		
Year ⇒		
Color ⇒		
License Plate # ⇒		
State Registered ⇒		

In accordance with the Transportation Equity Act for the 21st Century (Public Law 105-178), section 1911 of the Energy Policy Act of 1992 (Public Law 102-486), and the Federal Employees Clean Air Incentives Act (Public Law 103-172), Executive Order 13150 and in order to reduce Federal employees' contribution to traffic congestion and air pollution and to expand their commuting alternatives, TSA *encourages* the use of Mass Transportation and Vanpool Use and has implemented the Mass Transportation and Vanpool Fringe Benefit Program for employees. Eligible employees may receive up to \$100.00 for actual monthly commuting costs using mass transportation (Transit Benefits).

You have the option to select the Transit Benefits option or parking subsidy, but NOT both.

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 \$1,000.00 per violation, and/or agency Disciplinary actions up to and including dismissal.

I certify that I am employed by the Transportation Security Administration.

I certify that I am eligible for a public transportation fare benefit, but choose to use the parking program.

Please check 1 box only:

- I certify that I am not a member of a vanpool and/or I do not receive disability, executive or other parking privileges.
- I certify that I am the principal vanpool driver and attached is a completed Parking Application listing all vanpool members.

*******IMPORTANT-- PLEASE READ BELOW*******

I understand that I must currently pay a parking fee set by the Parking Provider at my airport and on the monthly collection date set by KASEMAN. Fees are collected one day after the first pay date each month for next month's parking. I understand that until my parking fee is more than \$45.00 per month I am not entitled to subsidy benefits. I also understand that any additional fees associated with the Parking Program, (lost hang tags, towing, damage to vehicle, etc.) are not the responsibility of KASEMAN or TSA. Please check with your local Parking Authority Provider for a current policy and procedure handout.

By signing below, I certify that the information provided is correct and accurate to the best of my knowledge. My signature represents my authorization for KASEMAN to draw funds from my account as indicated above until I provide notice of cancellation. Cancellation forms can be obtained from your TSA Point of Contact or by calling KASEMAN at 1 800 259 0814. Completed cancellation forms must be faxed to **703 413 7450 two weeks prior to your cancellation date**. Failure to cancel could result in your refund being withheld.

PRIVACY ACT STATEMENT

ALL TRANSACTIONS WILL BE PROCESSED IN A SECURE ENVIRONMENT AND ALL INFORMATION COLLECTED WILL BE HELD IN COMPLETE CONFIDENTIALITY AND USED ONLY FOR THE PURPOSE OF PROVIDING PARKING PAYMENT SERVICES. [As a government contractor, KASEMAN is subject to the Privacy Act of 1974, 5 U.S.C. §552A, *et. seq.*, which protects certain information from unauthorized disclosure. The Privacy Act also subjects government contractors to criminal penalties for unlawful disclosure of information protected by the Act.]

This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a parking fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies of Government-assigned parking to ensure consistency with mode of transportation checked.

By signing below, I agree to adhere to the requirements and policies outlined on this form.

Employee Original Signature: _____ Date:_____/_____/_____

Print Name_____ Airport Code _____
