

**BY ORDER OF THE COMMANDER
ROBINS AIR FORCE BASE**

**ROBINS AIR FORCE BASE INSTRUCTION
24-313**



6 MARCH 2013

Transportation

TRANSPORTATION INCENTIVE PROGRAM

COMPLIANCE WITH THE PUBLICATION IS MANDATORY

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This instruction implements Executive Order 13150, *Federal Workforce Transportation*, and DODI 1000.27, *Mass Transportation Benefit Program (MTBP)* requiring DOD Components to establish a transportation incentive program in order to reduce active duty military and federal employees' contribution to traffic congestion and air pollution and to expand their commuting alternatives. The purpose of the program is to encourage commuting by mass transportation and provide financial incentives to members/employees. The Transportation Incentive Program (TIP) applies equally to all Air Force military service members and Air Force civilian employees assigned to Robins AFB, including nonappropriated fund employees. Members of Air Force Guard and Reserve components serving on active duty are also eligible. This instruction prescribes policies and procedures for all individuals taking advantage of the TIP program assigned to the 78 Air Base Wing (78 ABW) and WR-ALC. This Instruction requires collecting and maintaining information protected by the *Privacy Act of 1974*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air Force (AF) Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. See Attachment 1 for a glossary of references and supporting information.

SUMMARY OF CHANGES

This interim change is updated to reflect changes in guidance and procedures dealing with the Transportation Incentive Program. The major changes include clarification of: proof of a “commuters insurance” policy, a Georgia Public Service Commission Certificate, an application for a DOT number, a Georgia Intrastate Motor Carrier Registration and a DOT Medical Examination Certification which will depend on the type/size of vehicle. There is a detailed explanation of using government vehicles to pick up Transportation Incentive Program vouchers.

1. Objectives. Provide guidance and instructions on the implementation and operation of the Transportation Incentive Program.

2. Responsibilities. TIP manager, individual participant riders, private transportation shuttle service owners (referred to as “shuttle” in this instruction) and supervisors must meet standards set forth by this instruction. The 78th Logistics Readiness Squadron (78 LRS), Vehicle Operations Element (LGRDDO), will manage the program.

2.1. TIP Manager Responsibilities. The TIP Manager is the local responsible party who is knowledgeable of the program requirements. The TIP Manager reviews federal, state, and local requirements, provides information to program participants, e.g. riders and shuttle owners, and is the overall focal point for the USAF TIP program on Robins AFB. The TIP Manager provides TIP participants with relevant ethics materials, a copy of participant responsibilities under RAFBI 24-313 and DoDI 1000.27, Enclosure 2, para 10 and Enclosures 7 and 8. The TIP Manager refers shuttle owner/operators to AFMCI 51-201, *Off Duty Employment*, and requires them to comply with their DOD Component Command’s Off-duty employment requirements, which for USAF employees at Robins AFB includes submitting an AF IMT Form 3902.

2.1.1. Receives and reviews participant applications and commuting cost calculation worksheet for completeness and eligibility. Once application is approved it is maintained on file with the TIP Manager. A database is maintained for all enrolled USAF TIP shuttle participants, e.g. each individual rider.

2.1.2. At the end of each quarter the TIP Manager will coordinate on each rider’s TIP application, by reviewing the rider’s home address as listed on the TIP application and by reviewing commute origination point as listed on the commuting cost calculation worksheet. If there are no discrepancies on the commuting cost calculation worksheet the TIP manager will distribute a TIP voucher to the rider. If the rider’s address as listed on the commuting cost calculation worksheet does not match the rider’s application, the TIP Manager shall secure the application and the commuting cost calculation worksheet, require rider to provide an updated application with applicable home address and notify the rider’s supervisor on the discrepancy.

2.1.2.1. If the discrepancy between home address and commuting cost calculation can be reconciled with the supervisor, the supervisor signs an updated TIP application and provides it to the TIP manager. The TIP manager will then distribute a TIP voucher to the rider.

2.1.2.2. If the discrepancy cannot be reconciled with the claim for reimbursement, the supervisor contacts the Office of the Staff Judge Advocate.

2.1.3. Per DoDI 1000.27, Mass Transportation Benefit Program, para. 7(e), a minimum 10 percent record check will occur periodically to verify the accounts of participating personnel. Annually, the TIP OPR shall perform a 100 percent participant re-enrollment. The program will be assessed according to DoDI 1000.27 and Component policy and procedure to affirm the program's integrity annually.

2.2. Participant Rider Requirements. All riders participating in TIP will comply with the following procedures:

2.2.1. Meet eligibility requirements: Active duty Air Force, Air Force civilian employees, Air Force NAF employees, Air National Guard active duty, Air Force Reserve active duty, Air National Guard civilian employees, Air Force Reserve civilian employees, Air National Guard NAF employees and Air Force Reserve NAF employees are eligible to participate in the TIP program. NOTE: Per DoDI 1000.27 para. 4, TIP is a service specific fringe benefit. 78 LRS/LGRDDO is only authorized to manage USAF eligible employees. Tenant military components located on RAFB must refer to their respective services TIP manager for eligibility requirements.

2.2.2. Once an eligible employee selects a registered shuttle service, the participant rider must complete a TIP application and a commuting cost calculation worksheet, provide them to a supervisor for signature, then submit them to the TIP manager for enrollment into the program. Once applications are verified by the TIP manager and approved by the Department of Transportation, Washington D. C., the rider will then receive TIP vouchers. A rider must keep the TIP application on file valid by updating a change in supervisor, home address or other change affecting commuting cost, status or reimbursement eligibility.

2.2.3. Submit a change TIP Application with new supervisor, new home address or other substantive change within 2 weeks of a change in address, commuting cost or supervisor.

2.2.4. Participants must disenroll upon Deployment/PCS/Separation/Retirement and Extended TDY or leave of more than 30 days. Participants may reapply once they meet eligibility requirements per this instruction.

2.2.5. TIP participants must comply with this instruction as well as DoDI 1000.27.

2.2.5.1. Civilian employees who do not comply with DoDI 1000.27 are subject to disciplinary action, including termination from federal service. A false TIP Application or other falsity may subject employee to criminal prosecution in federal court.

2.2.5.2. Military members who do not comply with DoDI 1000.27 are subject to administrative action including administrative discharge. A false TIP Application or other falsity is subject to punitive action under the Uniform Code of Military Justice.

2.2.6. Van pools are in no way connected with the Federal Transportation Incentive Program. As such, service is not free. TIP is not an entitlement to Department of Defense employees. TIP is offered as a fringe benefit, an incentive to use alternate means of transportation that reduce road congestion and environmental impact.

2.2.7. Participants will not receive mass transportation benefits from any other sources.

2.3. Private transportation shuttle service owners: Shuttle owner/operators participating in TIP will comply with the following procedures, as applicable.

2.3.1. Each USAF member/employee owner/operator of a shuttle service participating in the Transportation Incentive Program on Robins AFB must submit an AF IMT Form 3902 to his/her supervisor for approval. Each employee of another DOD Component must comply with that Component's off duty employment requirements and provide proof of that to the TIP Manager.

2.3.2. All shuttle owner/operators must comply with several other basic requirements to include this instruction. Before any member/employee can be reimbursed for expenses incurred in conjunction with the use of a shuttle service, the owner of the shuttle must certify that his/her activity satisfies the requirements of Internal Revenue Code (IRC) Title 26, Section 132 (f) and is an activity engaged in for profit as the term is interpreted under IRC Title 26, Section 162.

2.3.3. Specifically, Title 26, Section 132 (f) requires:

2.3.3.1. The vehicle used must be owned by either public authorities or by a person in the business of transporting persons for compensation or hire.

2.3.3.2. The vehicle used must be a highway vehicle with a seating capacity of at least six (6) adults (not including the driver).

2.3.3.3. At least 80 percent of the expected mileage use of the vehicle must be for transporting employees in connection with their residence and place of employment.

2.3.4. Language in IRC 26 Section 162 defining/interpreting "for profit activities" is broad based. As such, it is strongly recommended that all shuttle owner/operators consult with their attorney to determine whether all applicable requirements are met.

2.3.5. All current and future shuttle owner/operators will have a current copy of a State or County issued business license for the applicable shuttle service and a current copy of their insurance policies issued for applicable vehicle(s) on file with the TIP manager. Insurance coverage must be suitable for a commercial passenger shuttle business. Each owner will be required to have all Federal and state requirements identified below or they will either not be admitted into the program or be removed from the program for not following this instruction. The requirements are listed at <http://www.psc.state.ga.us/Default.aspx> under the Transportation menu. The requirements are as follows:

2.3.5.1. Application for U.S. Department of Transportation number: <http://motor.etax.dor.ga.gov/forums/motor.aspx>

2.3.5.2. Georgia Public Service Commission certificate: <http://www.psc.state.ga.us/transportation/transportation.asp>

2.3.5.3. Georgia Intrastate Motor Carrier Registration: <http://motor.etax.dor.ga.gov/forums/motor.aspx>

2.3.5.4. There will be a requirement for a DOT Medical Examination Certification per the Federal Motor Carrier Safety Regulation 390.5, definitions, if the following apply:

2.3.5.4.1. Has a gross vehicle weight rating or gross combination weight rating, or gross vehicle weight or gross combination weight, of 4,536 kg (10,001 pounds) or more, whichever is greater; or

2.3.5.4.2. It is designed or used to transport more than 8 passengers (including the driver) for compensation; or

2.3.5.4.3. It is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or

2.3.5.4.4. It is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C. Any vehicle under those requirements will not require a Medical Examiners Report/Certificate.

2.3.6. Rental vehicles, personal car-pools, van pools, ride sharing by individual riders often referred to as “slugs,” or employee purchased vans that do not meet the requirements under section 132 of Reference(e) are not considered a qualified means of transportation.

2.3.7. All current and future shuttle owner/operators will provide the TIP manager with a business phone number and email address. For owner/operators that work on Robins AFB, duty phone numbers and work addresses will not be accepted.

2.4. Supervisor responsibilities: All supervisors of shuttle participants must be aware of their employee’s involvement in a shuttle service. Supervisors will ensure subordinate participants are aware of DoD ethics policies and will remind participants annually of appropriate honorable conduct. Supervisor should consult with the Office of the SJA on suspected ethics violations.

2.4.1. Ensure the commuting cost calculation worksheet reflect the applicant’s correct work schedule, e.g., part-time or full-time, and/or work situations, and home address or commuting origination point. The commuting origination point should not result in higher cost than commuting from participant’s home address. Supervisor reviews participant’s home address and copies of participant’s approved leave and TDY order(s) of less than 8 days. Extended TDY or leave more than 30 days results in disenrollment. Supervisor should maintain a copy of participant’s approved leave and TDY orders on a quarterly basis to check compliance.

2.4.2. Comply with other requirements of DODI 1000.27, Enclosure 2, paragraph 9.3.
TIP Enrollment.

3. Enrollments

3.1. Private transportation shuttle service owners: Once all requirements are met and certificates have been turned in to the Program Manager, per this instruction, shuttle owners will bring their vehicle(s) to the TIP manager to have the vehicle(s) inspected for compliance and to ensure vehicle is safe to operate. Once the vehicle is in compliance, the TIP Manager will then add the vehicle(s) to the existing program.

3.2. Shuttle riders: Must meet eligibility requirements and complete a commuting cost calculation worksheet to submit to their supervisor. A valid TIP Application must be

submitted annually to rider's supervisor for signature, then to the TIP Manager for enrollment. Applications will be turned in to the TIP Manager's office, located at building 914, between the hours of 0700 – 1600 Monday through Friday. Shuttle riders are not eligible to seek TIP vouchers until a valid application is on file with the TIP Manager.

3.2.1. TDYs/Deployments/PCS/Separation/Retirement/Extended leave. Upon deployment, PCS, separation, retirement, and extended leave or TDY, participants are no longer eligible for TIP benefits and must be disenrolled. Participants may reapply once they meet eligibility requirements per this instruction.

4. TIP Vouchers.

4.1. TIP vouchers are controlled items and will be issued to each rider quarterly. Riders will inform the 78 LRS TIP manager, Commercial: 478-926-4453, of any leave of absence (TDY, deployment, leave, etc.) so that vouchers will not be issued. Vouchers are nonrefundable.

4.2. Monetary incentive is capped by Department of Transportation through Congress and is subject to change due to budgetary allowances/constraints. In the event a service provider's fare exceeds the capped amount, the rider is responsible for that excess amount. Failure to pay this out-of-pocket expense will result in removal from the program.

4.3. Vouchers will be picked up within the first 15 days of each quarter (Jan/Apr/Jul/Oct). Unclaimed vouchers will be returned to the Department of Transportation. Failure to pick up vouchers within 15 calendar days will result in removal from the program.

4.4. Vouchers may be picked up at Building 914, between the hours of 0700-1100 Monday-Friday. For pick up outside normal business hours, coordinate with 78 LRS TIP Manager at 478-926-4453. **NOTE:** Riders may not use Government Motor Vehicles (GMV) to pick up vouchers per AFI 24-301, *Vehicle Operations*, paragraph 3.1 "...Transportation by a DOD motor vehicle shall not be provided when the justification is based solely on reasons of rank, position, prestige, or personal convenience." This also applies to Other Government Motor Vehicle Conveyances (*OGMVC*) and Non-REMS Low Speed Vehicles (NRLSV) as they are for official use only per Robins AFB Instruction 24-2. Substantiated misuse of the above assets will result in the offending units Commander or Civilian Leader being notified to take action to prevent further infractions.

5. Payment to Service Providers.

5.1. All vouchers are to be submitted to vanpool owners. Owners are not responsible for lost or misplaced payment. Riders are ultimately responsible.

6. Consequences.

6.1. Failure to meet the standards set forth in this instruction will force immediate removal from the Transportation Incentive Program

7. TIP Disenrollment.

7.1. **Shuttle owners:** Once they no longer wish to participate in TIP, shuttle owners must notify the TIP Manager for disenrollment from the program.

7.1.1. Shuttle owners will notify the TIP Manager once riders no longer participate in their shuttle program.

7.2. Shuttle riders: Shuttle riders will notify their shuttle owner and supervisor when they no longer participate in a shuttle service. If riders change shuttle service, they must file disenrollment from their current shuttle service prior to enrollment into a new shuttle program.

MITCHEL H BUTIKOFER, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Executive Order 13150, *Federal Workforce Transportation*, 21 April 2000

DODI 1000.27, *Mass Transportation Benefit Program (MTBP)*, 28 October 2008

AFMAN 33-363, *Management of Records*, 1 March 2008

AFMCI 51-201, *Off Duty Employment*, 15 December 2004

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AF—Air Force

AFB—Air Force Base

AFMAN—Air Force Manual

AFRIMS—Air Force Records Information Management System

TIP—Transportation Incentive Program

OPR—Office of Primary Responsibility

RDS—Records Disposition Schedule

IRC—Internal Revenue Code

Attachment 2

**UNITED STATES AIR FORCE OUTSIDE THE NATIONAL CAPITAL REGION
PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION**

Figure A2.1. United States Air Force Outside the National Capital Region Public Transportation Benefit Program Application

UNITED STATES AIR FORCE OUTSIDE THE NATIONAL CAPITAL REGION PUBLIC TRANSPORTATION BENEFIT PROGRAM APPLICATION		
Purpose: Executive Order 13150 requires Federal agencies to establish transportation incentive program in order to reduce Federal employee's contribution to traffic congestion and air pollution and to expand their commuting alternatives. The purpose of the program is to encourage commuting by mass transportation and provide incentives to members/employee.		
Applicant Information: Application must be filled out completely. Please print clearly as incomplete or illegible applications will not be processed.		
Application (please circle one): Enrolling Making a Change Withdrawing		
Name as it appears in payroll records or on paycheck: Last Name: _____ First Name: _____ MI: _____ SSN (Last Four): _____		
City (Residence): _____ State: _____ Zip Code: _____		
Air Force Installation/Activity: _____ Duty Location (City): _____ Office Telephone Number (Commercial): (____) _____		
Are you (circle one):		
Air Force Active Duty	Air National Guard Active Duty	Air Force Reserve Active Duty
Air Force Civilian Employee	Air National Guard Civilian Employee	Air Force Reserve Civilian Employee
Air Force NAF Employee	Air National Guard NAF Employee	Air Force Reserve NAF Employee
Name of the transportation system/company used. _____ _____		
What type of pass/ticket do you use? ___ Vouchers _____		
If you are a van pool member, please complete the supplemental application. The supplemental application must list each van pool member (minimum requirement of 7 registered members for van pool; vehicle must be used 80 percent commercial van pool)		

B. 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 eligible for a public transportation fare benefit, will use it for my daily commute to and from work, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my usual monthly commuting costs are: \$ _____

I certify that this information is accurate and agree to notify the installations POC of any change to employee status.

[Note: The current benefit amount available to Air Force employees is \$230.00 a month (\$2,760.00 a year)]. Please indicate your estimated transportation cost above. Benefits will be paid in the form of transportation vouchers wherever possible.

Employee Signature: _____ Date: _____

C. Installation Point of Contact:

Name (Last, First) _____ SSgt John D. Rogers

Signature: _____

Unit Address: _____ 525 3rd St Robins AFB, GA 31098 _____ Phone: _____ 478-926-4453

PRIVACY ACT STATEMENT: 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 the mass transportation fringe 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 to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle worksite parking permit with DoD or any other Federal agency. Partial social security number (SSN - last four numbers) will be used for record keeping purposes.

SUPERVISORS SIGNATURE _____	DATE: _____
(Please print your name & sign)	
WORK SCHEDULE OF EMPLOYEE _____	(Example: 5/4/9 – 4/10 – ROTATES)