Updated January 2016

DEPARTMENT OF THE NAVY (DON)
TRANSPORTATION INCENTIVE PROGRAM (TIP) - OUTSIDE THE NATIONAL CAPITAL REGION (ONCR)
COMMAND REGISTRATION FORM

☐ Establish New Command Reviewing Official ☐ Update Existing Command Reviewing Official

ALL APPLICATIONS MUST BE TYPED

Command / Installation: _____

Previous RO (if applicable): _____

City: _____ State: _____ Zip Code: _____

Reviewing Official (RO) Information

Last Name: _____

First Name: _____

Email: _____

Telephone: _____

DSN: _____

Fax: _____

Alternate Reviewing Official Information

Last Name: _____

First Name: _____

Email: _____

Telephone: _____

DSN: _____

Fax: _____

Last Name: _____

First Name: _____

Email: _____

Telephone: _____

DSN: _____

Fax: _____

Estimate the number of potential participants interested in using mass transit:

_____

Mailing Address (cannot be a PO Box):

_____

_____

_____

Overview of Responsibilities

RO responsibilities include but are not limited to the following tasks:
- Disseminate information about the program
- Distribute the "Welcome Aboard!" overview document which summarizes program background information, eligibility requirements, and policies
- Help employees complete the TIP application and recertification processes
- Ensure applicants have access to and understand TIP participation requirements
- Review applications for completeness, including permanent duty station address, commuting origination point, reasonableness of commuting costs, and supervisory signature
- Ensure participants meet the eligibility criteria outlined in DODI 1000.27
- Ensure TIP policy compliance by reviewing supporting documentation for TIP participants, including commuting cost calculations and conducting a random sample of calculations as needed
- Digitally sign the application form or return to applicant for clarifying information
- Annually assess program operations in accordance with DoD policy and procedures
- Distribute transit benefits upon receipt from the Department of Transportation
- Review vanpool logs (if applicable) monthly to determine continued eligibility.

Specify the type(s) of Mass Transit service in your local area:

☐ Bus

☐ Train

☐ Vanpool

☐ Ferry

☐ Subway / Light Rail

Other: _____

I certify that I have reviewed the Department of Defense Instruction 1000.27 and will manage the program in accordance with these guidelines.

RO Signature: _____ Date: _____

Alternate RO Signature: _____ Date: _____

Alternate RO Signature: _____ Date: _____

I certify that I have the authority to assign the responsibilities outlined above to the individual listed as the primary reviewing official.

RO Supervisor (Print): _____ Phone: _____

RO Supervisor Email: _____

RO Supervisor Signature: _____ Date: _____

SUBMIT COMPLETED FORMS TO DON ASN(FM&C) FMO
TIP@navy.mil