Updated February 2014

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

ROs must read and understand the TIP ONCR POC Program Guidelines before signing. RO responsibilities include but are not limited to the following tasks:

- Direct DON employees interested in the program to https://tips.navy.mil.
- Review applications for enrollment as outlined in the program guidelines.
- Approve applications by the posted deadline each month.
- Safely secure transit benefits before, during, and after distribution.
- Maintain an internal tracking system of participants.
- Maintain appropriate audit trail to include the following documents:
  - + Participant original and updated application forms
  - + Participant transit benefit verification worksheet
  - + Department of Transportation Order Detail Reports
  - + Transit Benefit Certification Forms
  - + Fare Media Return Forms

(A full explanation of the RO's responsibilities can be found in the program guidelines at http://www.fmo.navy.mil/services/tip/tip_doclinks.htm).

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 DON TIP POC Program Guidelines and will manage the program in accordance with these guidelines.

RO Signature: _____ Date: _____

Assistant RO Signature: _____ Date: _____

Assistant RO Signature: _____ Date: _____

I certify that I have the authority to assign the responsibilities outlined in the DON TIP POC Program Guidelines to the individuals listed above.

RO Supervisor (Print): _____ Phone: _____

RO Supervisor Email: _____

RO Supervisor Signature: _____ Date: _____

SUBMIT COMPLETED FORMS TO DON ASN(FM&C) FMO
M_WNYD_TIP@navy.mil
Fax: 202-685-6765