

Department of Corporate Communications – Employee Pass Office Application for Temporary Railroad Commutation Pass-TWU Local 100

1. Commutation Pass Requested (Check one)							
☐ MTA Long Island Rail Road ☐	MTA Metro-North Railroad						
2. Employee Information							
Name:	Pass #:						
Title:	BSC ID #:						
Department:	Gender : M F						
Daytime Phone #:	Regular Tour of Duty:						
Work Location							
Home Address (must be provided)							
Street:							
City, State:	Zip Code:						
seat. Commutation Passes are NOT valid for transportation on any other MTA service provider, nor are they valid for travel purposes other than your commute. Unauthorized use can result in a fine and/or discipline. The Commutation Pass is the exclusive property of the MTA; it must be displayed when requesting transportation and must be surrendered upon demand by an authorized representative of the designated.							
transportation and must be surrendered upon demand by an authorized representative of the designated railroad. The Pass is neither a guarantee of transportation nor a guarantee of a seat. All Pass holders are required to surrender their seats if seats are unavailable for revenue-paying customers or at the request of uniformed Train Crew Personnel or an authorized MTA manager. The Pass is provided to users for their exclusive use, must be in their possession and may be revoked at any time; it will be considered forfeited and will be confiscated by train crew personnel or any other authorized MTA representative if presented by another person or if any alteration is made on the Pass. Users are obligated to safeguard their Passes. Willful misuse will result in suspension and/or revocation of transportation privileges. Violation of this section may result in disciplinary action, including dismissal from service, and/or criminal prosecution pursuant to the appropriate state statutes. The Pass will be lawfully used and is NOT valid for transportation in connection with outside employment. User releases the MTA from any liability for injury, death or damages arising in connection with the use of this Pass. (For a copy of the requested agency pass privileges, the requestor shall contact the specific agency.) Acceptance and use of this pass may be deemed a taxable event.							
I hereby affirm that the information provided in Section 2 of this application is complete and accurate and that I have thoroughly read and understand the Terms and Conditions of Use set forth herein.							
Employee Signature:							
Return this form to: New York City Transit, P.O. Box 24870, Brooklyn, NY, 11202-4870.							
TO BE COMPLETED BY AUTHORIZED NYCT EMPLOYEE PASS OFFICE PERSONNEL							

TO BE COMPLETE	DBYAUT	HOR	ZED NYC	TEMPLO	YEE PASS OFFICE PER	RSONNEL
Approved (check one)	Yes ()	No ()		
Signature:				Date:		