



➤ LOST TRANSPORTATION RAIL PASS AFFIDAVIT

\* 2013 Renewal of Lost 2012 Transportation Pass; Pass Type: *Check One* (✓):

Employee , Spouse , Domestic Partner , Dependent , Student , Contractor , Retiree

Employee / Contractor/Consultant/Other Agency Information

Last Name:	First:	Employee#:	Title:
<i>Associate Agency Applicants Only:</i> Agency Name/Company Name: _____			
Authorized Department/Agency Principal Signature: _____			

Spouse/ Domestic Partner/ Dependent/ Student Information

Last Name:	First:	Relationship:
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1. I HEREBY CERTIFY THAT ON OR ABOUT \_\_\_\_\_, TRANSPORTATION PASS  
DATE OF LOSS  
 NUMBER \_\_\_\_\_ ISSUED ON MY BEHALF IN THE NAME OF  
PASS OFFICE PERSONNEL TO INSERT #  
 \_\_\_\_\_ WAS LOST.  
PASSHOLDER'S NAME

2. ~~I UNDERSTAND IT IS LONG ISLAND RAIL ROAD POLICY TO CHARGE A NON-REFUNDABLE \$25 PENALTY FEE FOR A REPLACEMENT PASS. I ALSO UNDERSTAND THAT, SHOULD I LOSE THE DUPLICATE PASS, MY PASS PRIVILEGES WILL BE SUSPENDED FOR THE REMAINDER OF THE PASS VALIDATION YEAR AND THAT SUBSEQUENT LOSSES MAY RESULT IN PERMANENT REVOCATION OF PASS PRIVILEGES.~~

3. I AGREE AND UNDERSTAND THAT I AM REQUIRED TO IMMEDIATELY RETURN MY LOST PASS TO THE LIRR PASS OFFICE IN THE EVENT THAT IT IS AT ANY TIME RECOVERED.

\_\_\_\_\_  
 (EMPLOYEE OR CONTRACTOR SIGNATURE) (DATE)

\_\_\_\_\_  
 (SPOUSE, DOM. PTNR, DEPENDENT OR STUDENT SIGNATURE) (DATE)

SWORN TO BEFORE ME THIS  
 \_\_\_\_\_ DAY OF \_\_\_\_\_, YEAR 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Stamp/Seal/ID#