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**FORM AMJP-1A.6.4**  
**AMJP RECIPIENT REQUEST FOR INTERIM PAYMENT****PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2106-0048. Public reporting for this collection of information is estimated to be approximately 150 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit (pursuant to the American Rescue Plan Act of 2021 (ARPA), Public Law (P.L.) 117-2, § 7201-7202). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, OST-S-83, 1200 New Jersey Avenue S.E., Washington, DC 20590.

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**FORM AMJP-1A.6.4  
AMJP RECIPIENT REQUEST FOR INTERIM PAYMENT**

**AMJP Recipient Business Name**

**AMJP Agreement Number**

6 9 A 3 4 5

A M J 0

**Request Amount**

**Allowable Costs Incurred to Date**

**As of Date**

**Amount**

*The request amount and all prior AMJP payments from USDOT must not exceed 90% of the Estimated Public Contribution.*

**Attachments:**

Provide a list identifying all attachments. Attach documentation supporting the allowable costs incurred to date, consistent with the current AMJP Recipient Notification to USDOT of EEG Composition (Form AMJP-1A.6.5) and any notices of actions affecting the eligible employee group or replacements in the eligible employee group. Do not include any personally identifiable information about employees; redact that information as necessary.

**Certification:**

I certify that the allowable costs incurred to date were incurred in compliance with the terms of the agreement identified by the AMJP Agreement Number above and that the Recipient remains in compliance with that agreement, including the mandatory reporting and notice provisions in sections 2.2, 2.3, 2.4, and 9.5 of Attachment A to that agreement.

I certify under penalty of perjury that the information above and attached is true and correct, and I have authority to submit this information to the USDOT on behalf of the Recipient.

I acknowledge that false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal penalties, civil penalties, or both. (See 18 U.S.C. 287; 18 U.S.C. 1001; 31 U.S.C. 3729; 31 U.S.C. 3802).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Signing Official**

\_\_\_\_\_  
**Title of Signing Official**