

STATE OF ALASKA
 DEPARTMENT OF COMMERCE, COMMUNITY,
 AND ECONOMIC DEVELOPMENT
 DIVISION OF INSURANCE
 333 WILLOUGHBY AVENUE, 9TH FLOOR
 P.O. BOX 110805, JUNEAU, ALASKA 99811-0805

(907) 465-2515
 FAX NUMBER: (907) 465-2816
 Website: www.commerce.state.ak.us/insurance/producerinfo.htm

**UNLICENSED EMPLOYEE OF A MOTOR VEHICLE RENTAL
 AGENCY APPLICATION FORM**

Date Stamp Box
Date: _____
Control No.: _____

1. Social Security Number					
2. Last Name	JR./SR. etc.	3. First Name	4. Middle Name	5. Date of Birth	
				month ____ day ____ year ____	
6. Residence/Home Address (Physical Street)		7. P.O. Box	8. City	9. State	10. Zip Code
					11. Foreign Country
12. Home Phone Number		13. Gender (circle one)		14. Are you a Citizen of the United States (check one)	
() -		Male Female		Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)	
15. Business Entity Firm Name			16. Alaska Firm License Number		
17. Business Address (Physical Street)		18. P.O. Box	19. City	20. State	21. Zip Code
					22. Foreign Country
23. Business Phone Number	24. Business Fax Number	25. Business E-mail Address		26. Business Website Address	
() -	() -				
27. Applicant's Mailing Address		28. P.O. Box	29. City	30. State	31. Zip Code
					32. Foreign Country

33. By signature below, I certify that under penalty of perjury, I understand that I may only sell those products referenced in AS 21.27.150(4) and any other products would require me to obtain licensure in this state. I hereby certify under penalty of perjury, that:

- A. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.
- B. I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- C. I certify I a) do not have a current child-support obligation, or b) I have a child-support obligation and I am currently in compliance with any repayment agreement; or I have identified my child support obligation arrearage with this application.
- D. I authorize the State of Alaska to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

Must be signed and dated by applicant.

 Signature

 Type or Printed Name

 Month/Day/Year