

# ALASKA DIVISION OF INSURANCE

## Biographical Affidavit for Air Ambulance Providers

Per 3 AAC 31.610(b)(5) and 3 AAC 31.610(c)

To the extent permitted by law, this affidavit will be kept confidential by the Alaska Division of Insurance.

Name of the present or proposed entity under which this biographical statement is being required
Address

**In connection with the above-named entity, I make the following representations and supply the following information about myself.**

*Attach addendum or separate sheet if space is insufficient to answer any question fully. This form will be considered incomplete and unacceptable if submitted with blank form fields. If your answer is "no" or "none," then type "no" or "none."*

Affiant's full name	Proposed/current position with company	
Business address (if different from above)		
Business phone	Business fax	Business email

**List complete employment record (up to and including present jobs, positions, directorates, or officerships) for the past ten years.**

Dates	Employer Name Address Phone	Position Held	Supervisor/Contact

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**In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:**

a. Been subject to any judicial, administrative, regulatory, or disciplinary action during the last ten years taken against any occupational, professional, or vocational license permit the affiant holds or has held?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Made a plea of guilty or nolo contendere or been convicted of a crime during the past ten years, other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Been subject to any civil action in the past ten years, in which the affiant is or was a party, involving dishonesty, breach of trust, or a financial dispute?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If the response to any question above was "yes," please provide details including dates, locations, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.*

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires