

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/insurance/licensing.html](http://www.commerce.state.ak.us/insurance/insurance/licensing.html)

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

Date Stamp Box
Date: _____
Control No.: _____

1. Last Name JR./SR. etc.	2. First Name	3. Middle Name	4. Date of Birth month ____ day ____ year ____		
5. Social Security Number		6. Residence E-mail Address			
7. Residence/Home Address (Physical Street)	8. P.O. Box	9. City	10. State	11. Zip Code	12. Foreign Country
13. Home Phone Number	14. Gender (circle one) Male      Female	15. Are you a Citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No and you are a resident, you must supply work authorization) Country: _____			
16. Business Entity Firm Name			17. Alaska Firm License Number		
18. Business Address (Physical Street)	19. P.O. Box	20. City	21. State	22. Zip Code	23. Foreign Country
24. Business Phone Number	25. Business Fax Number	26. Business E-mail Address		27. Business Website Address	
28. Applicant's Mailing Address	29. P.O. Box	30. City	31. State	32. Zip Code	33. Foreign Country

34. 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(a)(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