

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF BANKING AND SECURITIES

550 West Seventh Avenue Suite 1850

TELEPHONE (907) 269-8140

[financialinstitutions@alaska.gov](mailto:financialinstitutions@alaska.gov)

<https://www.commerce.alaska.gov/web/dbs/Banking.aspx>

**APPLICATION FOR A CONFIDENTIALITY WAIVER**

Application is hereby made for a Certificate of Authority under **AS 06.05** or **AS 06.26** to have designated portions of the applications treated as confidential and not subject to public disclosure to protect business trade secrets or information the disclosure of which would adversely and material affect the applicant's ability to compete in its intended markets as authorized in Alaska Administrative Code **3 AAC 04.120**.

**A. CONFIDENTIAL INFORMATION**

State the application areas in which you are requesting confidentiality.

-----  
-----  
-----  
-----  
-----  
-----

**B. REASON FOR REQUEST**

State the reason for why you are requesting the above areas kept confidential.

-----  
-----  
-----  
-----  
-----  
-----