



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

What is this form?

This form is required for all applicants who do not clearly satisfy the residency requirement in the Alaska Permanent Fund Dividend (PFD) database. All applicants are required to satisfy the Alaska residency requirement in 3 AAC 306.015(e)(2).

This form must be submitted to AMCO's main office before any license application will be considered complete.

Section 1 – Applicant Information

Enter information for the individual and business seeking to be licensed, as identified on the license application.

Full Legal Name:		Date of Birth:	
Social Security Number:		Contact Phone:	
Contact Email:		Gender:	
Mailing Address:			
City, State, Zip:			
Physical Address:			
City, State, Zip:			
Licensee:			
DBA:		License Number:	

Section 2 – Residency & PFD History

YES NO

1. Did you receive a PFD for the previous calendar year?

Answer YES even if your dividend was assigned or garnished. If NO, **complete Question 9** on Page 4 of this form AND **complete all questions in Section 3 – Supplemental Questions.**

2. Are you physically present in Alaska today?

Answer NO if you are completing this form or are mailing this form from some place other than within Alaska. If NO, **complete Question 8** on Page 2 of this form AND **complete all questions in Section 3 – Supplemental Questions.**



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

ABSENCES – Failure to disclose reportable absences constitutes fraud.

YES NO

3. During the previous *calendar* year, were you gone from Alaska more than 180 days total?

If YES, complete Questions 6 through 8 on this page AND complete all questions in Section 3 – Supplemental Questions.

4. Are you a United States citizen?

If NO, complete Questions 10 and 11 on Page 4.

5. At any time during the previous *calendar* year, were you on active duty as a member of the U. S. Armed Forces or activated as a member of the U. S. Guard or Reserve?

Civilians, non-activated Alaska National Guard members and Alaska Reservists, answer NO.

Answer Questions 6 and 7 if you answered YES to Question 3.

6. Have you ever lived in Alaska as a resident for at least 180 days?

If YES, list the dates of that most recent period before the first absence listed in Question 8.

From (mm/dd/yyyy)

Through (mm/dd/yyyy)

7. Were you in Alaska for at least 72 consecutive hours during the previous two *calendar* years?

If YES, when were you most recently in Alaska? Attach documentation showing you were in Alaska.

From (mm/dd/yyyy)

Through (mm/dd/yyyy)

Answer Question 8 if you answered NO to Question 2 or YES to Question 3.

8. If you left Alaska before January 1 of the previous calendar year, enter the date you actually departed. List all dates you were absent from Alaska from January 1 of the previous calendar year through the date of this application. If you are still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence reason codes are explained on Page 3. If you had more absences than the number of lines provided below, list on an attachment.

Code (A-Q)	Absence Begin Date (mm/dd/yyyy)	Absence End Date (mm/dd/yyyy)	Why were you absent?
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Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

ABSENCE CODES

- A. Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent. **Complete Question 9.**
- B. Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). **Attach proof of education that includes dates attended, the type of tuition paid (resident/non-resident), and enrollment (part-time/full-time).**
- C. Served on active duty as a member of the U. S. Armed Forces. **Attach a copy of your orders.**
- D. Received continuous medical treatment under a licensed physician's care. **Attach proof of medical treatment that includes dates and location of treatment, reason for referral, and name of physician.**
- E. Served as a member of Alaska's congressional delegation or staff.
- F. Served as a volunteer in the federal Peace Corps program. **Attach proof.**
- G. Trained or competed as a member of the U. S. Olympic team. **Attach proof.**
- H. As a requirement of employment by the State of Alaska. **Attach proof.**
- I. Vacated.
- J. Sought employment or was employed for a reason other than B, C, E, H, or P. **Attach explanation.**
- K. Other reasons, including business. **Attach explanation.**
- L. Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.
- M. Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.
- N. Provided care for a terminally ill family member. **Attach proof of terminally ill care that includes relation to patient, name of patient, location of treatment, name of physician, and a brief description of the patient's terminally ill condition.**
- O. Employed aboard a vessel of the U. S. Merchant Marine.
- P. Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). **Attach proof of education that includes dates attended, the type of tuition paid (resident/non-resident), and information for the person who the child lived with while at school (name, telephone number, and relationship to the child).**
- Q. Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. **Attach proof.**



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

YES NO

Answer Question 9 if you answered NO to Question 1.

9. Are you married?

If YES, provide spouse information.

Full Legal Name

Social Security Number

Date of Birth

Answer Questions 10 and 11 if you answered NO to Question 4. Attach a copy of the front and back of your visa or alien registration card.

10. What is your alien registration number?

Alien Registration Number

Expiration Date

11. What was your legal immigration status on January 1 of the previous calendar year?

Resident

Asylee

Refugee

Other (Attach explanation)

Visa:

Visa Type

Expiration Date

Required of all applicants:

12. List two adult Alaska residents who can verify your residency.

Verifier #1's Full Name

Daytime Phone Number

Mailing Address

City, State, Zip

Verifier #2's Full Name

Daytime Phone Number

Mailing Address

City, State, Zip



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

Section 3 – Supplemental Questions

1. When did your most recent Alaska residency begin?

This means the month, day, and year you arrived in Alaska with the intent to remain indefinitely. It may be the day you were born in Alaska.

Residency Start Date

2. Items A through G represent residency ties to Alaska. All items may not apply to you. Photocopies of documentation in your name are acceptable. Documentation will not be returned to you.

A. I moved my household belongings to Alaska in (attach documentation):

Month

Year

B. I purchased, leased, or rented a place to live in Alaska in (attach documentation):

Month

Year

C. I obtained permanent employment in Alaska in (attach documentation):

Month

Year

Employer's Name

Employer's Phone Number

Employer's Address

City, State, Zip

D. I registered to vote in Alaska in:

Month

Year



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

E. I obtained an Alaska driver's license or ID in:

Month	Year	ID/License #
<input type="text"/>	<input type="text"/>	<input type="text"/>

F. I registered a vehicle in Alaska in:

Month	Year	License Plate #
<input type="text"/>	<input type="text"/>	<input type="text"/>

G. Other:

Month	Year
<input type="text"/>	<input type="text"/>

YES NO

3. A. Are you currently absent from or living outside of Alaska today? *If NO, go to Question 4A.*

B. If YES, do you intend to return to Alaska to remain indefinitely and make your principal home in the state?

C. If YES, when did you depart Alaska? AND when are you returning to remain indefinitely?

Departure Date	Return Date
<input type="text"/>	<input type="text"/>

4. A. Are you married? *If NO, go to question 5A.*

B. If YES, is your spouse applying for this year's PFD? *If NO, attach an explanation.*

5. A. Have you maintained your principal home or stored the majority of your household belongings in Alaska continuously since January 1 of the previous calendar year?

B. Do you:

Own	Lease or Rent	Live with Parents	Store	Other (attach explanation)
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C. Physical Address of Home or Storage

City, State, Zip

<input type="text"/>	<input type="text"/>
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Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

6. At any time since January 1 of the previous calendar year, have you: YES NO

A. Maintained your principal home **outside of Alaska**?

Did you:

Own

Lease or Rent

Live with Parents

Store

Other (attach explanation)

Physical Address of Home or Storage

City, State, Zip

6. At any time since January 1 of the previous calendar year, have you: YES NO

B. Claimed residency in another state or country in your employment records, including leave and earnings statements if you are a member of the U. S. Armed Forces?

State/Country

C. Claimed a non-resident Alaska Motor Vehicle tax exemption when registering a vehicle as the owner or co-owner while living in Alaska?

Vehicle Plate #

D. Accepted full-time permanent employment in another state or country?

State/Country

E. Filed for or will be required to file an income tax return for the previous calendar year for another state as a full or part-time resident of that state? *If YES, attach a copy of the return.*

State

F. Claimed a homestead or homeowner's property tax exemption in another state or country? *If YES, attach an explanation and a copy of the homestead or homeowner's exemption law.*

State/Country

Date



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

6. At any time since January 1 of the previous calendar year, have you: YES NO

G. Applied for or received a student loan from another state or country?
If YES, attach a copy of the application. If you received a federal Stafford, Sallie Mae, Nellie Mae, or Bank loan, answer NO.

State/Country	Date
<input type="text"/>	<input type="text"/>

H. Disclosed in a court proceeding or affidavit that you are a resident of another state or country?
If YES, attach a copy of the affidavit or documents.

State	Date
<input type="text"/>	<input type="text"/>

I. Executed a will which described residency in another state or country?
If YES, attach a copy of the will.

State/Country	Date
<input type="text"/>	<input type="text"/>

J. Moved from Alaska and claimed or will claim moving expenses as a deduction on your federal income tax return for the previous calendar year?
If YES, attach a copy of the return.

State/Country	Date
<input type="text"/>	<input type="text"/>

K. Registered to vote in another state or country?

State/Country	Date
<input type="text"/>	<input type="text"/>

L. Voted in a local or state election in another state or country?

State/Country	Date
<input type="text"/>	<input type="text"/>



Alaska Marijuana Control Board Form MJ-18: Applicant Residency Verification

6. At any time since January 1 of the previous calendar year, have you: YES NO

M. Obtained a resident hunting, fishing, or trapping license in another state or country?
If YES, attach a copy of that state's or country's license regulations.

State/Country	Date
<input type="text"/>	<input type="text"/>

N. Filed for divorce, dissolution, or legal separation in another state or country?
If YES, attach a copy of the documents.

State/Country	Date
<input type="text"/>	<input type="text"/>

O. Obtained benefits, including public assistance benefits, as a result of establishing or maintaining a claim of residency in another state or country?
If YES, attach an explanation and documentation of what benefits were obtained.

State/Country	Date
<input type="text"/>	<input type="text"/>

P. Maintained a vehicle registered in another state or country or obtained or renewed another state's or country's vehicle registration?

State/Country	Vehicle Plate #
<input type="text"/>	<input type="text"/>

Q. Maintained a driver's license or ID in another state or country or obtained or renewed another state's or country's driver's license or ID?

State/Country	License/ID #
<input type="text"/>	<input type="text"/>

7. Birth Information – Print your name as it appears on your birth certificate.

Full Legal Name

U. S. Birth State	Country of Birth (if not U. S.)
<input type="text"/>	<input type="text"/>



Alaska Marijuana Control Board

Form MJ-18: Applicant Residency Verification

Section 4 – Certifications

I certify that on the date of application:

- I am now and intend to remain an Alaska resident indefinitely.
- I have not claimed residency in another state, territory, or country.
- I was an Alaska resident for all of the previous calendar year.
- I was physically present in the state of Alaska for at least 72 consecutive hours in the previous two calendar years.

I understand that if what I say is not true, it is a criminal offense.

I understand that misrepresenting a material fact on this application, any of the attached documentation, the online application, or any other form or documentation provided or required by AMCO is grounds for denial of my application, a suspension or revocation of my license, or a civil fine.

Release of Information: I authorize the release of confidential records to the Alaska Alcohol and Marijuana Control Office necessary to verify my eligibility for a State-issued marijuana establishment license, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, Alaska Department of Revenue’s Permanent Fund Dividend Office, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children’s Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information I am supplying on and with this form is true and correct.

Signature of licensee

Printed name

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public in and for the State of Alaska.

My commission expires: _____