

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) 465-2545  
FAX NUMBER: (907) 465-2816  
[www.insurance.alaska.gov](http://www.insurance.alaska.gov)

**Motor Vehicle Service Contract Administrator Application**

Please select the filing type:                      Initial Application    Renewal Application

A \$75 fee is required to be submitted with the initial application/renewal application (checks and money order can be made payable to the State of Alaska)

<b>1</b>	<b>NAME OF APPLICANT</b>	FEIN		
<b>2</b>	<b>DBA</b> (List any assumed, fictitious, or trade names under which you are doing business or intend to do business)			
<b>3</b>	Business Physical Address	City	State	Zip
	Mailing Address	City	State	Zip
	Business Phone Number	Fax Number	Business E-mail Address	
<b>4</b>	<b>MOTOR VEHICLE SERVICE CONTRACT PROVIDER APPOINTMENTS:</b>			
	The Applicant is required to provide a list of all Motor Vehicle Service Contract Providers for which they administer contracts in this state pursuant to 3 AAC 31.720			
	1) Name of Provider	AK License No.	Email Address	
	Mailing Address	City	State	Zip
			Zip	Business Phone Number
	2) Name of Provider	AK License No.	Email Address	
	Mailing Address	City	State	Zip
			Zip	Business Phone Number
	3) Name of Provider	AK License No.	Email Address	
	Mailing Address	City	State	Zip
			Zip	Business Phone Number
<b>5</b>	<b>CERTIFICATION AND ATTESTATION</b>			
	<p>1. 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.</p> <p>2. I authorize the State of Alaska to give any information it 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.</p> <p>3. I acknowledge that I am familiar with the Alaska insurance laws and regulations located in Alaska Statute Title 21 and Alaska Administrative Code chapter 3.</p> <p>4. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, certified copies of any documents attached to this application or requested by the jurisdiction.</p>			
	_____	_____	_____	
	Signature of Applicant	Type or Printed Name of Applicant	Month/Day/Year	