



ALASKA MARINE HIGHWAY
— A Proud Tradition —

ANNUAL PASS APPLICATION OR CHANGE REQUEST

ALASKA MARINE HIGHWAY SYSTEM
PASS DESK

FAX #907 225 9398

INSTRUCTIONS: Submit one copy to the address above. Keep one copy for your records. If this is a Change Request, attach your current pass card(s) to this form.

CHECK ONE: New Application Change Request Annual Pass Number: _____

Employee Name	Home Phone	Date
Mailing Address	Occupation Title	Union
City, State, Zip Code	Vessel	Crew

I hereby apply for an Annual Pass for free passage, on a space available basis, for myself, and, as applicable, my personal vehicle, spouse, and dependents listed below: (If this is a Change Request, enter the old information to be deleted, and the new information to be added.)

PERSONAL VEHICLE: The vehicle you list below must be registered in your name. Please attach a copy of the vehicle registration to this form. This is the only vehicle that will be authorized on the Annual Pass. If you acquire a different vehicle, be sure to submit a change request to update your pass.

YEAR	MAKE	MODEL	LICENSE NO.	STATE
ADD	_____	_____	_____	_____
DELETE	_____	_____	_____	_____

SPOUSE AND DEPENDENTS: Only the dependents listed below will be authorized on the Annual Pass. Be sure to submit a Change Request if there is a change in eligible dependents. Dependent children are defined as unmarried, under 19 years of age (unless attending an accredited college—attach proof of full-time attendance), and related by blood or legal action (adoption, step-children). A duplicate pass card will be issued for use by your spouse.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH
ADD	_____	_____	_____
ADD	_____	_____	_____
ADD	_____	_____	_____
DELETE	_____	_____	_____
DELETE	_____	_____	_____
DELETE	_____	_____	_____

I certify that I am a vessel crew member, and that I have been employed by the AMHS for two or more continuous years of service. I further certify that all the information on this Application or Change Request is true and correct.

Employee Signature: _____ Date: _____

SIGNATURE OF APPROVING OFFICER	TITLE	DATE	AP NUMBER
_____	_____	_____	_____