

ALASKA MARINE HIGHWAY SYSTEM  
CONTACT INFORMATION

NAME \_\_\_\_\_ SSN \_\_\_\_\_

Please complete and sign this form. DOT/PF Technical Service Center requires this information to be on file for all employees. This is also to be used as a change of address form.

Resident Mailing Address

Physical Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Where you want your time sheet copies, W-2 and all other mail sent to.)

Home Phone Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Warrant Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Where your paycheck is to be delivered. If a bank, list name and address.)

\_\_\_\_\_ Pick up paycheck at the DOT/PF Technical Service Center.  
\_\_\_\_\_ If your paycheck is to be mailed to your bank, check and list your bank account number here \_\_\_\_\_

TO CHOOSE OR CHANGE ELECTRONIC DIRECT DEPOSIT, ADDITIONAL FORMS ARE REQUIRED.

Persons to notify in case of emergency:

1st Preference: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Home  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Work  
\_\_\_\_\_ Relation

2nd Preference: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Home  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Work  
\_\_\_\_\_ Relation

The first preference will be notified in case of emergency, should the first contact not be available, the next listed will be notified.

It is my responsibility to submit a signed updated form to the DOT/PF Technical Service Center when any of the information on this form changes.

Signature \_\_\_\_\_

Date \_\_\_\_\_