

## ANNUAL PASS APPLICATION OR CHANGE REQUEST

ALASKA MARINE HIGHWAY SYSTEM PASS DESK 7559 N TONGASS HWY. KETCHIKAN, AK 99901 FAX: (907) 228-6873

INSTRUCTIONS: Mail or FAX this form to the address above. Keep a copy for your records.

CHECK ON	NE:	New Application	Change Req	quest Annu	al Pass Nur	nber	
				Custo	mer ID Nu	mber	
Employee Name			Home I	Home Phone		Date	
Mailing Address			Occupa	Occupation Title		Union	
City, State, Zip Code			Vessel	Vessel		Crew	
personal ve deleted, and PERSONAL This is the o	chicle, spoused the new in L VEHICLE only vehicle to	e, and dependent(s) a formation to be added:  The vehicle must be that will be authorized	as listed below: (If d.) registered in your on the Annual Pas	this is a Change Request rname. Attach a copy of the	e, enter the ne vehicle re nt vehicle, b	egistration to this form. be sure to submit a	
cnange requ	equest to update your pass. Retired personnel may retain of YEAR MAKE MODEL			VEH LIC. NO. (Attach copy of STATE			
ADD:				vehicle registration)			
DELETE:							
Change Req	uest if there i	s a change in eligible de	ependents. Depende	will be authorized on the A ent children are defined as u endance), and related by blo	nmarried, ui	nder 19 years of age	
	NAME			RELATIONSHIP	AGE	BIRTH DATE OF DEPENDENTS	
ADD						DEI ENDENTS	
ADD							
ADD							
DELETE							
DELETE							
DELETE							
service. I fu	rther certify t	hat all the information	on this Application	en employed by the AMHS fo or Change Request is true a		ore continuous years of	
Employee Signature: Date:							
SIGNATURE OF APPROVING OFFICER T			TITLE	DATE	ANN	IUAL PASS NUMBER	