



State of Alaska  
Department of Transportation  
& Public Facilities  
**ALASKA MARINE HIGHWAY SYSTEM**

- Distribution:**
- Original to AMHS
  - Copy to Individual Crewmember, as desired. Their choice.

**REQUEST FOR  
INDIVIDUAL  
HCT TRAINING SUMMARY**  
*Revised 12-28-01*

**EMPLOYEE NAME:** [ \_\_\_\_\_ ]  
*[Please print or type; first, MI, last]*

**EMPLOYEE'S SOCIAL SECURITY NUMBER:** [ \_\_\_\_\_ ]

**EMPLOYEE SIGNATURE:** [ \_\_\_\_\_ ]

**DATE OF REQUEST:** [ \_\_\_/\_\_\_/\_\_\_ ] *[MM/DD/YY]*

**DATE REQUESTED BY:** [ \_\_\_/\_\_\_/\_\_\_ ] *[MM/DD/YY]* *[Allow at least one week for processing]*

**WHERE SUMMARY TO BE MAILED:** *[If not specified it will be mailed to crewmember's home mailing address]*

- Vessel [ \_\_\_\_\_ ] *[put vessel's name here]*
- Crew Scheduling Office Juneau. *[It will be given to Dispatchers for your pick-up]*
- Crew Scheduling Office Ketchikan. *[It will be faxed to Office for your pick-up]*
- Mailing Address: [ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]  
[ \_\_\_\_\_ ]

**WHERE TO SEND THIS FORM:** Please return this form to:

**ADOT/PF  
Alaska Marine Highway System  
ATTN: Crew Scheduling  
3132 Channel Drive  
Juneau, AK 99801-7898**