



TRIP PASS 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. Please allow at least 48 hours processing time. If approved, your trip pass will be issued for pick up at your departure port.

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

I hereby request a Trip Pass for free passage, on a space available basis, for myself, my personal vehicle, spouse, and dependent(s) as listed below:

PERSONAL VEHICLE (complete only if you, your spouse, or dependent will be traveling with your vehicle): The vehicle must be registered in your name. Attach a copy of the vehicle registration and a copy of the driver's license of the person who will be operating the vehicle on this trip. NOTE: Your vehicle may travel on a trip pass only if it is accompanied by you, your spouse, or one of your dependents legally authorized to operate the vehicle, except as noted in P&P 7-2 VII A, 12.

YEAR	MAKE	MODEL	VEH. LIC. NO. (Attach copy of vehicle registration)	STATE	DRIVER'S LIC. NO. (Attach license copy of driver on this trip)

TRAVELERS TO BE INCLUDED ON THE TRIP PASS: Only the people listed below will be authorized to travel on the trip pass. Dependent children are defined as unmarried, under 19 years of age (unless attending an accredited college), and related by blood or legal action (adoption, step-children).

NAME (Include yourself if you will be traveling on the pass)	RELATIONSHIP	AGE	BIRTH DATE OF DEPENDENTS

DEPARTURE DATE	DEPARTURE PORT (FROM)	DESTINATION PORT (TO)	RETURN DATE
PURPOSE OF TRAVEL:			

I understand that travel by trip pass is on a space available basis. I certify that I am eligible for a pass because I am an AMHS employee, and that I have been employed by the AMHS for six or more consecutive months. I further certify that all the information on this Trip Pass Request is true and correct.

Employee Signature: _____ Date: _____

SIGNATURE OF APPROVING OFFICER	TITLE	DATE	PASS NUMBER(S)
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