



Annual Pass Application or Change Request

CHECK ONE:

New Application

Change Request

Annual Pass #: _____ Customer ID #: _____

I hereby apply for an Annual Pass at the cost of \$100.00 (excluding retirees who retired on or before June 30, 2014), on a space available basis for myself and, as applicable, my personal vehicle, spouse, and dependent(s) as listed below. If this is a Change Request, enter the old information to be deleted, and the new information to be added. The \$100.00 Annual Pass fee is nonrefundable.

EMPLOYEE/RETIREE INFORMATION

Name: _____ Occupation Title: _____

Vessel: _____ Crew: _____ Union: _____

Address: _____

Home Phone: _____ Email Address: _____ Date: _____

PERSONAL VEHICLE

The vehicle must be registered in your name. 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. Retired personnel may retain one (1) vehicle on their Annual Pass. Current employees may have two (2) vehicles listed but only one (1) may travel at a time. (Attach copy of registration)

Year	Make	Model	Vehicle License #	State
ADD: _____	_____	_____	_____	_____
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).

Name	Relationship	Age	Dependent's Date of Birth
ADD: _____	_____	_____	_____
ADD: _____	_____	_____	_____
ADD: _____	_____	_____	_____
DELETE: _____	_____	_____	_____
DELETE: _____	_____	_____	_____
DELETE: _____	_____	_____	_____

I certify that I am an AMHS vessel crew member or retiree and that I have been employed by AMHS for the required length of service to qualify for the pass. I further certify that all the information on this Application or Change Request is true and correct.

Employee Signature: _____

Date: _____

Email this form directly to amhs.vessel.passdesk@alaska.gov or you can also submit this form by mail or fax to the address below, to the attention of the Pass Desk. Please keep a copy for your records.

Official AMHS Use Only	
Signature of Approving Officer:	_____
Title:	_____
Date:	_____ Paid: _____
Annual Pass #:	_____