



Trip Pass Request

I hereby request a Trip Pass for free passage, on a space available basis, for myself and, if applicable, my personal vehicle as listed below.

EMPLOYEE INFORMATION

Name: _____ Occupation Title: _____

Vessel: _____ Crew: _____ Union: _____

Address: _____

Home Phone: _____ Email Address: _____ Date: _____

PERSONAL VEHICLE (complete only if you 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. Please note: your vehicle may travel on a Trip Pass only if it is accompanied by you, except as noted in P&P 7-2 VIII A, 1-10.

Year	Make	Model	Vehicle License # (attach copy of registration)	State	Driver's License # (attach copy of license)
_____	_____	_____	_____	_____	_____

TRAVEL INFORMATION

Departure Date: _____ From: _____ 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 AMHS for six or more continuous months. I further certify that all the information on this Trip Pass Request is true and correct.

Employee Signature: _____

Date: _____

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

Allow at least 48 hours processing time. If approved, your trip pass will be issued for pick-up at your departure port.

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