

# STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------|-------------|---------|-----------------------|-----------------|--------------------|
| <b>1. You MUST complete this section for registration:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No   I am a citizen of the United States. (Noncitizen U.S. Nationals are not eligible to register to vote)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   I am at least 18 years old or will be within 90 days of completing this application.<br><b>If you checked NO to either question, do not complete this form as you are not eligible to register to vote.</b>                                                                                                                                                                                                                                   |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>2. Last Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | <b>First Name</b>                                                                                                                                        |      | <b>Middle Initial</b> | <b>Suffix</b> |             |         |                       |                 |                    |
| <b>3. Former Name:</b> (If your name has changed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.</b><br><table style="width: 100%; border: none;"><tr><td style="border-bottom: 1px solid black; width: 15%;">House No.</td><td style="border-bottom: 1px solid black; width: 35%;">Street Name</td><td style="border-bottom: 1px solid black; width: 15%;">Apt No.</td><td style="border-bottom: 1px solid black; width: 25%;">City</td><td style="border-bottom: 1px solid black; width: 10%;">Alaska<br/>State</td></tr></table><br><input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.) |             |                                                                                                                                                          |      |                       | House No.     | Street Name | Apt No. | City                  | Alaska<br>State |                    |
| House No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Street Name | Apt No.                                                                                                                                                  | City | Alaska<br>State       |               |             |         |                       |                 |                    |
| <b>5. Mailing Address:</b> (Address where you receive your mail if different from above)<br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | <b>7.</b> <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.                              |      |                       |               |             |         |                       |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | <b>8.</b> <input type="checkbox"/> I am interested in serving as an election official.<br>(Provide your phone number and/or email address in section 9.) |      |                       |               |             |         |                       |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | <b>9.</b><br><br>Phone No: _____<br><br>Email Address: _____                                                                                             |      |                       |               |             |         |                       |                 |                    |
| <b>6.</b> *AK Voter Number: _____<br><div style="text-align: center; font-size: small;">(If known)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>10. Identifiers – You MUST provide at least one:</b><br><div style="display: flex; justify-content: space-between;"><div>*SSN or Last 4 of SSN: _____ / _____ / _____</div><div>*Alaska Driver's License or State ID Number _____</div></div><br><input type="checkbox"/> I have not been issued a Social Security Number, Alaska Driver's License or State ID number.                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>11. You MUST provide:</b><br><b>*Date of Birth</b> _____ / _____ / _____<br><div style="text-align: center; font-size: x-small;">Month                      Day                      Year</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | <b>12. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>13. Political Affiliation</b> For political affiliation choices in Alaska, see instruction number 4 on the reverse side.<br>Write political affiliation: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>14</b> I am registered to vote in another state, cancel my registration in:<br><div style="display: flex; justify-content: space-between;"><div>City: _____</div><div>State: _____</div><div>County: _____</div><div>Zip: _____</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>Voter Certificate. Read and Sign:</b> I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony involving moral turpitude, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.<br><b><u>WARNING:</u></b> If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.                                                                                                |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>*SIGNATURE:</b> _____ <b>DATE:</b> _____<br><br><b>Your signature must be a handwritten signature. A typed or digital signature is not valid.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>Registrar/Agency/Official – Check ID and complete this section</b><br><br><table style="width: 100%; border: none;"><tr><td style="border-bottom: 1px solid black; width: 30%;"></td><td style="text-align: center; width: 10%;">OR</td><td style="border-bottom: 1px solid black; width: 60%;"></td></tr><tr><td><b>Registrar Name</b></td><td></td><td><b>Agency Name</b></td></tr></table>                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                                          |      |                       |               | OR          |         | <b>Registrar Name</b> |                 | <b>Agency Name</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OR          |                                                                                                                                                          |      |                       |               |             |         |                       |                 |                    |
| <b>Registrar Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | <b>Agency Name</b>                                                                                                                                       |      |                       |               |             |         |                       |                 |                    |

\*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

# State of Alaska - Division of Elections

## Voter Registration Application

**To register to vote in Alaska you must be a United States Citizen, a resident of Alaska, and at least 18 years old or will be 18 years old within 90 days of completing this application.**

Initial registration or registration changes must be made at least 30 days prior to an election. Once your application is processed, a notice will be mailed to you within 3 to 4 weeks.

### 1. When Completing This Application You **MUST** Provide:

- **Alaska Residence Address Where You Claim Residency** – A complete physical residence address in Alaska must be included on your application. The residence address you provide will be used to assign your voter record to a voting district and precinct. Your application will be denied if you do not provide an Alaska residence address or you provide a PO Box, HC No. and Box, PSC Box, Rural Route No., Commercial Address or Mail Stop Address or a residence address outside of Alaska on Line 4 of the application.

If your residence has been assigned a street name and house number, provide this information or indicate exactly where you live such as, highway name and milepost number, boat harbor, pier and slip number, subdivision name with lot and block or trailer park name and space number. If you live in rural Alaska, you may provide the community name as your residence address.

If you have a different mailing address than your residence address, you may choose to keep your residence address confidential. Confidential addresses are not released to the general public but may be released to government agencies or during election processes as set out in state law.

*If you are temporarily out of state and have intent to return*, you may maintain your Alaska residence as it appears on your current record. If you provide a new residence address, it must be within Alaska. Active military and military spouses are exempt from intent requirement.

- **Proof of Identity** – Your identity must be verified. If you have been issued a Social Security number, Alaska Driver's License, or Alaska State ID card, you **MUST** provide at least one number on Line 10 of the application. If you have never been issued one of the identification numbers, please indicate so by checking the box on Line 10.
- **Date of Birth** – You **MUST** provide your date of birth.

### 2. Are you submitting this application by mail, by fax, or email? If you are not registered to vote in Alaska, your identity must be verified at the time you register or the first time you vote. To ensure your identity is verified when you register, submit a copy of one of the below:

- Current and valid photo identification
- Passport
- Birth certificate
- Driver's license
- State identification card
- Hunting and Fishing license

### 3. Have you been convicted of a felony involving moral turpitude? You may register to vote only if you have been unconditionally discharged. You must provide a copy of your discharge papers with this application if available.

### 4. Political Affiliation. Write your political affiliation. If you do not choose a political affiliation, you will be registered as undeclared. Alaska political affiliation choices are as follows:

#### **Recognized Political Parties:**

- Alaska Democratic Party
- Alaska Libertarian Party
- Alaska Republican Party

#### **Political Groups:**

- Alaskan Party
- Alaska Constitution Party
- Green Party of Alaska
- UCES' Clowns Party
- Veterans Party of Alaska
- Reform Alaska Permanent Fund Dividend Party

#### **Other:**

- Nonpartisan (not affiliated with a political party or group)
- Undeclared (do not wish to declare a political affiliation)

Mail, fax or email (as a PDF, TIFF or JPEG attachment) your completed application to one of the offices listed below:

#### **Region I Elections Office**

PO Box 110018  
**Juneau** AK 99811-0018  
(907) 465-3021 Telephone  
(907) 465-2289 – Fax  
Toll Free 1-866-948-8683  
electionsr1@alaska.gov

#### **Region II Elections Office**

2525 Gambell Street Suite 100  
**Anchorage** AK 99503-2838  
(907) 522-8683 – Telephone  
(907) 522-2341 – Fax  
Toll Free 1-866-958-8683  
electionsr2@alaska.gov

#### **Region III Elections Office**

675 7<sup>th</sup> Avenue Suite A1  
**Fairbanks** AK 99701-4501  
(907) 451-2835 – Telephone  
(907) 451-2832 – Fax  
Toll Free 1-866-959-8683  
electionsr3@alaska.gov

#### **Region IV Elections Office**

PO Box 577  
**Nome** AK 99762-0577  
(907) 443-5285 – Telephone  
(907) 443-2973 – Fax  
Toll Free 1-866-953-8683  
electionsr4@alaska.gov

#### **Region V Elections Office**

**Wasilla Office**  
1700 E. Bogard Road Suite B102  
**Wasilla** AK 99654-6565  
(907) 373-8952 – Telephone  
(907) 373-8953 – Fax  
Toll Free 1-844-428-8952  
electionsr5@alaska.gov

#### **Kenai Office**

11312 Kenai Spur Hwy Suite 48  
**Kenai**, AK 99611-9106  
(907) 373-8952  
electionsr5k@alaska.gov