



**City of Dillingham**  
ESSENTIAL AIR TRAVEL DISTRICT

**PERMIT APPLICATION SUPPLEMENTARY INFORMATION**

FULL NAME	HOME ADDRESS	CITY	STATE	ZIP	PHONE #	EMAIL

[travelpermit@dillinghamak.us](mailto:travelpermit@dillinghamak.us) ←Send completed forms via email OR fax→ FAX (907) 842-2060  
**NOT BOTH!**

This form should be used for including minors with the primary application and when applying for group permits, and should be completed and attached to the primary permit application form. You are attesting that the information provided below is correct for all individuals listed on page 1 of this permit application supplementary information form.

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INTENDED USE OF PERMIT: \_\_\_\_\_

FINAL DESTINATION: \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_

**\*\* ANY PERSON DISEMBARKING IN DILLINGHAM MUST SELF QUARANTINE FOR 14-DAYS \*\***

SELF QUARANTINE LOCATION: \_\_\_\_\_

DESCRIBE HOW YOU WILL OBTAIN ESSENTIAL ITEMS DURING SELF QUARANTINE: \_\_\_\_\_

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PLEASE PROVIDE INFORMATION SUFFICIENT TO REASONABLY CONCLUDE YOUR USE COMPLIES WITH EMERGENCY ORDINANCE NO. 2020-06(A): \_\_\_\_\_

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**Certificate: Read and Sign:** *I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. I swear I will comply with the 14 day self-quarantine regulations as set out in the COD Emergency Ordinance No. 2020-06(A).*

**WARNING:** If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self- quarantine regulations set forth in the mandate, you may also be convicted as a class A misdemeanor which is punishable by a fine of up to \$25,000 or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.135.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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