



Municipality of Anchorage
ANCHORAGE HEALTH DEPARTMENT
825 L Street, Anchorage, AK 99501 | 907-343-6722
AHDshelterlicensing@anchorageak.gov
BARRIER CRIME WAIVER APPLICATION



WAIVERS ARE ISSUED BY THE DIRECTOR OF THE ANCHORAGE HEALTH DEPARTMENT

If completing this application by hand, please write legibly using only blue or black ink.

At any time, you can email AHDshelterlicensing@anchorageak.gov or call 907-343-6722 for help with these questions.

Please fill out this application if the shelter license applicant, any individual on the application as a licensee, or any managing member of the applicant has been convicted of a barrier crime pursuant to 7 AAC 10.905.

Please fill out a separate application for each individual who has been convicted of a barrier crime.

PERSONAL AND SHELTER INFORMATION

This application should only be filled out by a managing member of the organization and cannot be the individual for which the waiver is being requested.

Personal information other than name and address given to the municipality with the legitimate expectation of privacy in conjunction with licenses, permits or other municipal service shall be exempt from public records requirements pursuant to AMC 3.90.040K.

Name of Shelter		Name of Organization	
Shelter License Number			
Shelter License Effective Date		Shelter License Expiration Date	
Name of Person Completing Application (First and Last)			
Job Title of Person Completing Application			
Phone Number of Person Completing Application		Email of Person Completing Application	
First and Last Name of Individual Seeking Barrier Crime Waiver			
Individuals Official Job Title		Individuals Role	<input type="checkbox"/> Shelter Manager <input type="checkbox"/> Managing Member

BARRIER CRIME INFORMATION

City in which crime was committed?		State in which crime was committed?	
Date crime was committed?			

Conviction (i.e. Second-Degree Assault, Manslaughter, Indecent Exposure in the First Degree etc.)	
Please give a short description of any mitigating circumstances that should be taken into consideration when reviewing this application.	
Please describe all actions the individual convicted of a barrier crime has taken to reduce the risk of reoffending. Include copies of any rehabilitation, prevention, or treatment efforts, if applicable.	
Describe if there are additional measures which need to be enforced in order to mitigate the risk of harm to clients or others.	

BARRIER CRIME SUPPLEMENTAL DOCUMENTATION

- Attach copies here showing proof of any rehabilitation, prevention, or treatment efforts, if applicable.
- Attach at least two letters of recommendation from credible persons who are aware of the individual's criminal and civil history and who would, despite that knowledge, recommend a waiver be granted. At least one letter must be from persons who are unrelated to the individual for whom the waiver is requested.
- Attach a job description for the individual's position. The job description must have current or potential job duties and responsibilities, including hours and days of service, supervisory status, and whether the individual would be in direct contact with recipients of services.
- Attach a copy of the individual's resume.

I certify the contents of this application and information provided with it are true, accurate, and complete. I understand that willful misrepresentation of the information provided is cause for immediate denial of an application or later revocation of the license.

First and Last Name Printed

Official Title

Signature

Date