



Municipality of Anchorage
TRANSPORTATION INSPECTION DIVISION
 3630 E. Tudor Road • P.O. Box 196650 • 786-8525
CHAUFFEUR'S LICENSE APPLICATION

OFFICIAL USE ONLY	
License No.	
Date Issued	
New Expiration Date	

NOTICE: ANY FALSE STATEMENT IN THIS APPLICATION MAY SUBJECT YOU TO THE PENALTY PRESCRIBED BY LAW.

1) First Name			Full Middle Name			Last Name			2) Driver's License No.		
3) Sex	4) Age	5) Height	6) Weight	7) Hair	8) Eyes	9) Birthdate			10) Country of Birth		
11) Mailing Address, include city, state and zip.						12) Physical Address					
13) Home Phone			14) Cell Phone			15) E-mail Address					

16A) Have you had a conviction entered by a court of competent jurisdiction **within the last three years** of any of the following?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Traffic Violations totaling 12 points under Alaska State Statutes AS 28.15.221- - 28.15. 261.
<input type="checkbox"/>	<input type="checkbox"/>	Reckless driving.
<input type="checkbox"/>	<input type="checkbox"/>	Driving while driver's license suspended or revoked.
<input type="checkbox"/>	<input type="checkbox"/>	Driving while under the influence of intoxicating liquor, depressant, hallucinogenic, stimulant, or narcotic drugs as defined in AS 28.35.030 or similar law of another jurisdiction.

16B) **YES** **NO**

 Has your driver's license been suspended or revoked in the past 12 months?

16C) Have you had a conviction entered by a court of competent jurisdiction **within the last seven years** of any of the following?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Assignment, prostitution, solicitation for the purpose of prostitution, offering to secure another for the purpose of prostitution, maintaining a vehicle for the purpose of prostitution or accepting money from a prostitute for any of the aforementioned purposes.
<input type="checkbox"/>	<input type="checkbox"/>	Sale, transportation, possession or use of any controlled substance as defined in AS 11.71.140 or similar law of another jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	Any felony or misdemeanor which includes as an element the use or threat of force upon a person.
<input type="checkbox"/>	<input type="checkbox"/>	Burglary, larceny, fraud, theft or embezzlement.
<input type="checkbox"/>	<input type="checkbox"/>	Any offense which pertains to sexual abuse of a minor or sexual exploitation of a minor in Alaska or any other jurisdiction?

17) **YES** **NO**

 Are you required to register as a sex offender or child kidnapper pursuant to AS 12.63.010?

18) If the answer to any part of No. 16A, B, or C is yes, state for each such part:

NATURE OF CHARGE	SENTENCE	CITY & STATE	DATE OF CONVICTION
A)			
B)			
C)			

19) I: _____ being duly sworn, depose and state that I have completed the foregoing application and that the information contained herein is true and complete and I authorize the Alaska Division of Motor Vehicles to release my driving record to the Transportation Inspection Division of the Municipality of Anchorage.

 APPLICANT'S SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20_____.

 NOTARY PUBLIC IN AND FOR ALASKA - Expiration Date

Fee Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check Amt. _____		Receipt Number	Date Fee Received	Proof of Age	Physical Expires	Drug Test Date
Test Date	Refresher Training Date	<input type="checkbox"/> Driving Record Reviewed <input type="checkbox"/> Criminal Records Reviewed	Alaska Driver's License No.	Expiration Date	Fingerprints Completed	