



**Municipality of Anchorage**  
**TRANSPORTATION INSPECTION DIVISION**  
**PERMIT APPLICATION**

|   |   |   |  |  |
|---|---|---|--|--|
| <b>APPLICATION FOR PERMIT TO OPERATE A FOR-HIRE VEHICLE IN ACCORDANCE WITH TITLE 11, ANCHORAGE MUNICIPAL CODE</b> |   |   |  |  |
| <input type="checkbox"/> New Application  | <input type="checkbox"/> Executive Sedan        | <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Transfer of Permit or License | <input type="checkbox"/> Change of Dispatch      |
| <input type="checkbox"/> Taxicab  | <input type="checkbox"/> Limousine              | No. _____                               | <input type="checkbox"/> Change of Vehicle             | <input type="checkbox"/> OK To Release Phone No. |
| <input type="checkbox"/> Vehicle for Hire   | <input type="checkbox"/> Limited Taxicab Permit | <input type="checkbox"/> Exemption      |  |  |
| NAME OF APPLICANT FOR PERMIT  |   |   | AK DRIVER'S LICENSE NO.                                |  |
| ADDRESS (Street, City, State, Zip)  |   |   | EMAIL  |  |
| HOME NUMBER   | CELL NUMBER                                     | BUSINESS NUMBER                         |  |  |

|                                  |             |                          |                     |                     |
|----------------------------------|-------------|--------------------------|---------------------|---------------------|
| <b>VEHICLE OWNER INFORMATION</b> |             |                          |                     |                     |
| VEHICLE OWNER NAME               |             |                          |                     |                     |
| VEHICLE OWNER'S ADDRESS          |             |                          |                     |                     |
| HOME NUMBER                      | CELL NUMBER | EMAIL                    |                     |                     |
| PERMIT NO.                       | MAKE & YEAR | VEHICLE ODOMETER READING | MOTOR OR SERIAL NO. | VEHICLE LICENSE NO. |

|                                    |           |
|------------------------------------|-----------|
| <b>DISPATCH SERVICE TO BE USED</b> |           |
| NAME                               | TELEPHONE |

|                                      |            |
|--------------------------------------|------------|
| <b>INSURANCE COMPANY INFORMATION</b> |            |
| NAME                                 | POLICY NO. |

|   |                         |
|---|-------------------------|
| <b>OTHERS WITH FINANCIAL INTEREST IN PERMIT</b> |                         |
| NAME  | AK DRIVER'S LICENSE NO. |
| ADDRESS   | PHONE                   |

**AFFIDAVIT**

STATE OF ALASKA )  
 ) ss:  
 THIRD JUDICIAL DISTRICT )

\_\_\_\_\_, being first duly sworn upon oath, deposes and states that the information contained in the foregoing application and in all documents submitted in support thereof is true and correct.

\_\_\_\_\_  
 APPLICANT

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC IN AND FOR ALASKA

MY COMMISSION EXPIRES: \_\_\_\_\_

|                                  |             |        |
|----------------------------------|-------------|--------|
| <b>TRANSPORTATION INSPECTION</b> |             |        |
| RECEIPT NO.                      | DATE ISSUED | AMOUNT |

# AFFIDAVIT IN SUPPORT OF PERMIT TRANSFER APPLICATION

STATE OF ALASKA                    )  
  ) ss:  
THIRD JUDICIAL DISTRICT        )

\_\_\_\_\_, being first duly sworn upon oath, deposes and states that it is his/her desire to transfer all rights and interest presently held in taxicab number \_\_\_\_\_ in favor of \_\_\_\_\_

and requests the Anchorage Transportation Commission to consider the transfer thereof on the basis of the information contained in this application.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR ALASKA

MY COMMISSION EXPIRES: \_\_\_\_\_

## TRANSPORTATION INSPECTION AGENCY

APPLICATION COMPLETED

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

APPLICATION INCOMPLETE (State Reason)

BY: \_\_\_\_\_

Transportation Inspector

## ANCHORAGE TRANSPORTATION COMMISSION

APPROVED

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

DISAPPROVED (State Reason)

BY: \_\_\_\_\_