SEX OFFENDER/CHILD KIDNAPPER PROOF OF PHYSICAL PRESENCE OUTSIDE ALASKA



STATE OF ALASKA
Department of Public Safety
Division of Statewide Services
5700 East Tudor Road
Anchorage, AK 99507
Phone (907) 269-0397
Toll Free 1-800-658-8892

Before your information will be removed from the Alaska Sex Offender /
Child Kidnapper Central Registry, the AGENCY USE ONLY section of
this form must be completed and signed by an official from:
The registration program in your new jurisdiction verifying that you are in
compliance with the registration requirements of that program; OR
A government agency in your new jurisdiction verifying that you are
physically present in that jurisdiction.

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PERSONAL INFORMATION										
FIRST NAME	MIDDLE NA	MIDDLE NAME(S) LAST NAME								
DATE OF DIRTH	SOCIAL SECURITY N	HIMDED	DDIVED'S	LICENCE NILIMD	ED	STATE	T	DACVIN	IC NILIN	(DED
DATE OF BIRTH	SOCIAL SECURITY N	OMDEK	JMBER DRIVER'S LICENSE NUM		EK	STATE		TRACKING NUMBER		
	<u> </u>					ı				
PHONES AND ADDRESS										
HOME PHONE	LL PHONE				MESSAGE PHONE					
RESIDENCE ADDRESS – The physical location of your home or other place where you now live.										
STREET ADDRESS APT/SPACE# CITY						E	ZIP CODE			
1 What data did you leave Alacka?										
1. What date did you leave Alaska?/										
2 Have you registere	ed with the say of	fonder regio	etry in vo	ur naw iurisa	dictio	.n2 □ V	EC [∃NO		
2. Have you registered with the sex offender registry in your new jurisdiction? YES NO										
AGENCY USE ONLY										
GOVERNMENT AGENCY NAME			PHONE NUMBER				FAX NUMBER			
MAN DIG ADDRESS		CYTTY			OTT 4			am a	000	
MAILING ADDRESS		CITY			STA	ΓE		ZIP C	ODE	
IS THE DEDSON NAMED ARO	VE DHVSICALLV DDES	SENT IN THIS I	UDISDICTIC	N)2						
IS THE PERSON NAMED ABOVE PHYSICALLY PRESENT IN THIS JURISDICTION?						☐ YE		□NO		
IS THIS AGENCY RESPONSIBLE FOR REGISTERING SEX OFFENDERS WITHIN THIS JURISDICTION?						☐ YE	ES	□NO		
IF YES, IS THE PERSON NAMED ABOVE REQUIRED TO REGISTER WITHIN THIS JURISDICTION?						☐ YE	ES	□NO		
IF YES, HAS THE PERSON NAMED ABOVE REGISTERED AND ARE THEY IN COMPLIANCE WITH THE REQUIREMENTS OF THIS JURISDICTION'S REGISTRATION PROGRAM?						☐ YE	ES	□NO		
PRINTED NAME OF GOVERNMENT AGENCY OFFICIAL										
SIGNATURE OF GOVERNMI	ENT AGENCY OFFICE	AI.								
SIGNITURE OF GOVERNMI	E. T. AGENCI OFFICE									

READ CAREFULLY BEFORE SIGNING

I understand that if I move out of Alaska I must comply with the registration requirements of the jurisdiction I am moving to and that I must provide proof that I am not physically present in Alaska before my information will be removed from the Alaska Sex Offender / Child Kidnapper Central Registry. This form may be considered proof if it is completed in full.

In accordance with Alaska Statute 12.63.010(3), I swear under penalty of perjury that the information provided on this form and any attachment is true and correct. I understand that if I provide a false statement on this form I shall be subject to prosecution for perjury, which is a class B felony under Alaska Statute 11.56.200.

Signature of Registrant	Date _	

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