


SEX OFFENDER/CHILD KIDNAPPER REGISTRATION FORM

	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	REASON FOR REGISTRATION <input type="checkbox"/> Registering for the FIRST time in Alaska <input type="checkbox"/> Being released from jail <input type="checkbox"/> Returning to Alaska <input type="checkbox"/> Annual Verification <input type="checkbox"/> Quarterly Verification
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**Fill this form out completely. Failure to do so may result in delay of processing or rejection of registration.
If you need more space, provide complete answers on a separate sheet of paper and attach to this form.**

PERSONAL INFORMATION	FIRST NAME		MIDDLE NAME(S)			LAST NAME	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE	TRACKING NUMBER
	HEIGHT ____ FT ____ IN	WEIGHT ____ LBS	HAIR COLOR	EYE COLOR	SEX	RACE	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU USED ANY OTHER NAMES? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	List all other names and aliases used.						
	DO YOU HAVE ANY SCARS, MARKS, or TATTOOS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	Specify scar, mark, or tattoo and the location of each.						
	HAVE YOU HAD TREATMENT FOR A MENTAL ABNORMALITY OR PERSONALITY DISORDER SINCE THE DATE OF CONVICTION FOR AN OFFENSE REQUIRING REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO						

PHONES AND ADDRESSES	HOME PHONE	CELL PHONE			MESSAGE PHONE	
	CURRENT RESIDENCE ADDRESS – The physical location of your home or other place where you currently live.					
	STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE
	If you do not have a street address, describe where you are living and include the city or village and zip code.					
	DO YOU HAVE A SECOND RESIDENCE ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	STREET ADDRESS		APT/SPACE #	CITY	STATE	ZIP CODE
	MAILING ADDRESS – If different from your current residence address.					
PO BOX, RR/HC ADDRESS, OR STREET ADDRESS			CITY	STATE	ZIP CODE	

EMPLOYMENT	Employment means any type of work (whether paid or unpaid), including self-employment and volunteer work.					
	ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU WORK AT OR FOR A SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CURRENT PLACE OF EMPLOYMENT (NAME OF COMPANY)			OCCUPATION/JOB TITLE		PHONE NUMBER
	STREET ADDRESS OR DESCRIPTION OF WORK LOCATION			CITY	STATE	ZIP CODE

SCHOOL	School means an educational institution (whether public or private), a secondary school, trade or professional school, or institution of higher learning.					
	ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	NAME OF SCHOOL					
	STREET ADDRESS			CITY	STATE	ZIP CODE

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ELECTRONIC ADDRESSES	Electronic addresses include any names used for email, instant messaging, chat room discussion, social networking, or other similar electronic communication.			
	DO YOU USE EMAIL, INSTANT MESSAGING, OR OTHER INTERNET IDENTIFIERS? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO			
	EMAIL ADDRESSES		START DATE	END DATE
	OTHER INTERNET IDENTIFIERS			
	USER NAME / ID	WEBSITE ADDRESS	START DATE	END DATE

VEHICLES	DO YOU HAVE ACCESS TO ANY VEHICLES? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO							
	MAKE	MODEL	YEAR	COLOR	VEHICLE ID NUMBER	LICENSE PLATE	STATE	REGISTERED TO YOU?
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

CONVICTIONS	Complete the following information for each conviction for a sex offense or child kidnapping for which you are required to register.				
	OFFENSE	OFFENSE DATE	CONVICTION DATE	COURT OF RECORD AND CITY/STATE	CASE NUMBER
	HAVE YOU BEEN UNCONDITIONALLY DISCHARGED FROM THIS CONVICTION? <input type="checkbox"/> YES (DATE _____) <input type="checkbox"/> NO				
	OFFENSE	OFFENSE DATE	CONVICTION DATE	COURT OF RECORD AND CITY/STATE	CASE NUMBER
	HAVE YOU BEEN UNCONDITIONALLY DISCHARGED FROM THIS CONVICTION? <input type="checkbox"/> YES (DATE _____) <input type="checkbox"/> NO				
	OFFENSE	OFFENSE DATE	CONVICTION DATE	COURT OF RECORD AND CITY/STATE	CASE NUMBER
	HAVE YOU BEEN UNCONDITIONALLY DISCHARGED FROM THIS CONVICTION? <input type="checkbox"/> YES (DATE _____) <input type="checkbox"/> NO				

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.

In accordance with Alaska Statute 12.63.010(e), 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 _____

AGENCY/SOR OFFICE USE ONLY	
ACCEPTING AGENCY	DATE
PRINTED NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE
FINGERPRINTS INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHOTO INCLUDED? <input type="checkbox"/> YES <input type="checkbox"/> NO

APSIN ENTRY DATE	NOT PROCESSED DATE AND COMMENTS	PRE-PROCESS CODE	RELEASE DATE
Registration	Initials		INSTITUTION