

STATE OF ALASKA VOTER REGISTRATION APPLICATION

Refer to instructions on the reverse side for specific information and identification requirements.

Please print clearly in blue or black ink.

1. You MUST complete this section for registration.
 Yes No I am a citizen of the United States.
 Yes No I am at least 18 years old or will be within 90 days of completing this application.
If you checked NO to either question, do not complete this form as you are not eligible to register to vote.

2. Last Name TRAN **First Name** DOANH **Middle Initial** T **Suffix (Sr., Jr., etc.)** _____

3. Former Name: (If your name has changed) _____

4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR.
1318 HILLCREST PARK COURT ANCHORAGE ALASKA
 House # Street Name Apt # City State
 * Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)

5. Mailing Address:
1318 HILLCREST PARK COURT
ANCHORAGE, AK 99515

10. I am a voter with a disability and would like information on alternative voting methods.
11. I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)
12. *Daytime Phone No. 9073011303
 *Evening Phone No. _____
 *Email Address dtran@alaska.edu

6. You MUST provide at least ONE
 *Social Security No. _____
 *Last 4 Digits of Social Security No. _____
 *Alaska Driver's License No. _____
 *Alaska State ID Card No. _____
 I have not been issued a Social Security, Alaska Driver's License or State ID number.

13. Political Affiliation For information on political types see reverse No. 5.
Select only ONE Below
Political Parties:
 Alaska Democratic Party
 Alaska Libertarian Party
 Alaska Republican Party
 Alaskan Independence Party
or **Political Groups:** JUL 29 2012
 Green Party of Alaska
 Alaska Constitution Party **REGION II**
 Veterans Party of Alaska **OFFICIAL**
or **Other:**
 Nonpartisan (no party affiliation)
 Undeclared (no party declared)

7. You MUST provide,
 *Date of Birth _____
Month Day Year

8. *AK Voter Number _____ (If known)

9. Sex Male Female

14. If you are registered to vote in another state, you MUST cancel that registration by providing the following:
City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole.

WARNING: If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.

***SIGNATURE:** _____ **DATE:** July 29, 2012

Registrar/Agency/Official - Check ID and complete this section	For Office Use Only
Registrar Name <u>Alexis Clary</u> Voter # or SSN _____ OR Agency Name _____	VN _____ D/P <u>23-835</u>

*Items are kept confidential by the Division of Elections and are not available for public inspection except that confidential addresses may be released to government agencies or during election processes as set out in state law.

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Please print clearly in blue or black ink.

1. You MUST complete this section for registration. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I am a citizen of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No I am at least 18 years old or will be within 90 days of completing this application. If you checked NO to either question, do not complete this form as you are not eligible to register to vote.			
2. Last Name <u>TRAN</u>		First Name <u>DOANH</u>	
		Middle Initial <u>T</u>	
3. Former Name: (If your name has changed) <u>N/A</u>			
4. You MUST provide the Alaska residence address where you claim residency. Do not use PO, PSC, HC or RR. <u>180 Chernoffski Road DC</u> <u>Dutch Harbor</u> ALASKA <small>House # Street Name Apt # City State</small>			
<input type="checkbox"/> Keep my residence address confidential. (Your mailing address in section 5 must be DIFFERENT from your residence address in section 4 to remain confidential.)			
5. Mailing Address: <u>P.O. BOX 921086</u> <u>DUTCH HARBOR, AK 99692</u>		10. <input type="checkbox"/> I am a voter with a disability and would like information on alternative voting methods.	
		11. <input type="checkbox"/> I am interested in serving as an election official. (Provide your phone number and/or email address in section 12.)	
		12. Daytime Phone No. <u>907 301 1383</u> Evening Phone No. <u>907 301 1383</u> Email Address <u>doanh.tran@akleg.gov</u>	
6. You MUST provide at least ONE *Social Security No. <u> / / </u> *Last 4 Digits of Social Security No. <u> </u> *Alaska Driver's License No. <u> </u> *Alaska State ID Card No. <u> </u> <input type="checkbox"/> I have not been issued a Social Security, Alaska Driver's License or State ID number.		13. Political Affiliation For information on political types see reverse No. 5. <u>Select only ONE Below</u> Political Parties: <input type="checkbox"/> Alaska Democratic Party <input type="checkbox"/> Alaska Libertarian Party <input type="checkbox"/> Alaska Republican Party <input type="checkbox"/> Alaskan Independence Party or Political Groups: <input type="checkbox"/> Green Party of Alaska <input type="checkbox"/> Alaska Constitution Party <input type="checkbox"/> Veterans Party of Alaska or Other: <input type="checkbox"/> Nonpartisan (no party affiliation) <input checked="" type="checkbox"/> Undeclared (no party declared) <input type="checkbox"/>	
7. You MUST provide *Date of Birth <u> / / </u> <small>Month Day Year</small>		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FEB 20 2013</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">REG ELECTIONS</div>	
8. *AK Voter Number <u> </u> (If known)			
9. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
14. If you are registered to vote in another state, you MUST cancel that registration by providing the following: City: <u> </u> State: <u> </u> County: <u> </u> Zip Code: <u> </u>			
Voter Certificate. Read and Sign: I certify, under penalty of perjury, that the above information I provided on this document is true and correct. I am not registered to vote in another state, or I have provided information to cancel that registration. I further certify that I am a resident of Alaska and I have not been convicted of a felony, or having been so convicted, have been unconditionally discharged from incarceration, probation and/or parole. WARNING: If you provide false information on this application you can be convicted of a misdemeanor AS 15.56.050.			
*SIGNATURE: <u> </u>		DATE: <u>2/18/2013</u>	
Registrar/Agency/Official - Check ID and complete this section		For Office Use Only	
Registrar Name <u> </u> Voter # or SSN <u> </u> OR Agency Name <u> </u>		VN <u>37-704</u> <u>MC</u> SK D/P	

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