



STATE OF ALASKA DEPT. OF PUBLIC SAFETY STATEMENT FORM

Case No. _____

12-203 (REV. 1/00)

| | | | | | | | |
|---------------------------------|------------------------|------------|-----|----------------------|---------------------|-------|--------------------|
| Name of Person Providing Waiver | Sex | Race | Ht. | Weight | Hair | Eyes | D.O.B./Approx. Age |
| Residence Address | Residence / Cell Phone | | | Driver's License No. | | State | |
| Place of Employment | Work Phone | Occupation | | | Social Security No. | | |

WARNING: Knowingly making a false written or recorded statement on this form with the intent to mislead a public servant in the performance of a duty may subject you to criminal prosecution for unsworn falsification, a class A misdemeanor offense.

Date: Signature _____
Time: