

**Alaska Department of Revenue
Permanent Fund Dividend Division**

**2009 Verifiers Designation
Adult Application**

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code
Your Signature		

If this address is different from the address that we currently have on file, we will update your address for you.

Provide the name, address and telephone number of two adult **Alaska** residents who can verify your Alaska residency. The social security number is optional. A signature from the verifier is not required.

First adult Alaska resident who can verify your residency

First Name	MI	Last Name	
Mailing Address			
City	State	Zip Code	
Daytime Telephone Number		SSN (Optional)	

Second adult Alaska resident who can verify your residency

First Name	MI	Last Name	
Mailing Address			
City	State	Zip Code	
Daytime Telephone Number		SSN (Optional)	