

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

2009 Adult Certification Form

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

Read the following statements carefully and sign below. **Do not change anything.** If you do, we may deny your application.

I certify that:

- I am now and intend to remain an Alaska resident indefinitely.
- I was an Alaska resident for all of 2008.
- I have not claimed residency in another state.
- I was in the state of Alaska for at least 72 consecutive hours in 2007 or 2008.
- If an application was filed on my behalf, that the information reported on the application is true and accurate.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose this dividend and all future dividends.
- I will be required to pay back all dividends that I have been paid.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose this dividend and my next five dividends.
- I may have to pay a fine of up to \$3,000.

By submitting this application, I am consenting to registration with the U.S. Selective Service System, if so required by law.

Release of Information: I authorize the Alaska Department of Revenue to obtain confidential information to verify my eligibility. I authorize the release of confidential records necessary to verify my eligibility from any public agency including the Social Security Administration; Internal Revenue Service; Department of Defense; and Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children's Services. I agree that a copy of this authorization is as valid as the original.

I certify that the information supplied on and with my application was true and correct.

Your Signature	Date
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