Applicants may not act as their own Surety
ALL FIELDS ARE REQUIRED

_________________________________________
NOTARIZED SIGNATURE OF SURETY

FOR NOTARY PUBLIC USE ONLY

Subscribed and sworn to before me in ____________, by ____________________________,
this ______ day of ____________, 20_________

_________________________________________
NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRATION DATE

Mail this ORIGINAL form in with the Application
FOR FURTHER INFORMATION CONTACT: THE NOTARY ADMINISTRATOR,
240 MAIN STREET, ROOM 301, JUNEAU, AK 99801
(907) 465-3509, EMAIL: notary@alaska.gov