

Alaska Automobile Insurance Plan DRIVER INFORMATION RELEASE FORM

Date	
Insured Name	
Producer Name	
Policy Number*	

****Only applicable when adding drivers to an in-force policy***

By affixing your signature in the space provided, each individual listed authorizes the Department of Administration, Division of Motor Vehicles, to release his/her driving record to the Alaska Automobile Insurance Plan, the Named Insured and their Authorized Producer.

Name (Please Print)	Date of Birth	Driver's License Info		Signature
		State	License #	

NOTE:	This form must be attached to all Alaska Automobile Insurance Plan applications submitted to the Plan and also submitted when adding additional drivers to an in-force policy.
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