City of Nome

ESSENTIAL AIR TRAVEL SERVICES USE PERMIT

PERMIT MUST BE APPROVED 72 HOUR BEFORE TRAVEL.
MUST PRESENT PERMIT AT AIRPORT.
Each individual Traveler must submit this form regardless of age.

Choose one: ____ Travel into Nome ____ Travel Out of Nome ____ Travel through Nome

FULL NAME (PRINT): _________________________________________ Today’s Date: ___________
MINOR Y / N IF YES, PRINT NAME OF GUARDIAN:_____________________ Age: ___
HOME ADDRESS: ____________________________________________________________________
CITY: ________________________ STATE: ________ ZIP: _________ PHONE NO.: ______________
EMAIL: __________________________________ OCCUPATION: ____________________________

FLIGHT INFORMATION:

PLEASE EXPLAIN WHERE YOU ARE TRAVELING TO AND FROM:
ex: Nome-Anchorage- Nome or Village (Elim) to Nome to Anchorage then back to Nome-Village (Elim)

DATE OF TRAVEL: __________________________ DO YOU OVER NIGHT ANYWHERE? Y / N
if yes, explain: ____________________________________________________________________

PLEASE LIST THE SPECIFIC PLACES TRAVELLED WITHIN THE PREVIOUS 14 DAYS.

1. ____________________________________ 2. ____________________________________
3. ____________________________________ 4. ____________________________________

Please provide information sufficient to reasonably conclude your request for travel complies with current Orders and Mandates regarding Essential Services and Critical Workforce exemptions. Request not meeting those exemptions shall be denied. Traveler is required to monitor City of Nome and State Orders and Mandates for updates to those exemptions. A good starting point is this document with the State: https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf

______________________________________________________________________________
______________________________________________________________________________

Each traveler must submit their Self-Quarantine Plan, page 2 of this request, prior to approval.

Certificate: Read and Sign: I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. I swear I will comply with the 14 day self-quarantine regulations as set out in the Health Mandate.

WARNING: If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self-quarantine regulations set forth in the mandate, you may also be convicted as a class A misdemeanor which is punishable by a fine of up to $25,000 or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.135.

SIGNATURE: ___________________________________ DATE: ______________________

CITY MANAGER SIGNATURE: _______________________ DATE: ___________________

Approved:_________ Denied:_________(appeal form provided)
PLEASE DESCRIBE YOUR PLAN TO QUARANTINE / SELF-ISOLATE IN DETAIL:
You must submit a plan with your travel permit request or it will be denied.

Where do you plan to quarantine?
(Physical Address ex: 102 Division Street, Nome, Alaska 99762):

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DETAILED PLAN:

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Approved:_________ Denied:_________(appeal form provided)