

City of Nome PO Box 281 Nome, Alaska 99762 (907)443-6663 and (907)443-5345 – Fax Email: travelpermit@nomealaska.org PERMIT NO.:

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.

	_ Travel into Nom			_	•
FULL NAME (PRINT):			Today's Date:		
	ES, PRINT NAME C				
HOME ADDRESS:					
CITY:	STA	TE:	ZIP:	PHONE N	O.:
EMAIL:		(OCCUPATION: _		
	FLI SE EXPLAIN WHE ge- Nome or Village (1	RE YOU A			
DATE OF TRAVEL	:		_ DO YOU OVEI	R NIGHT AN	YWHERE? Y / N
if yes, explain:					
PLEASE LIST THE	SPECIFIC PLACES	TRAVELL	ED WITHIN THI	E PREVIOUS	S 14 DAYS.
1	1 2				
3			4		
monitor City of No starting point is thi	est not meeting thosome and State Orders document with the es/2/03232020-COV	s and Man State: <u>htt</u> t	dates for updates os://gov.alaska.g	s to those exc ov/wp-	emptions. A good
Certificate: Read and S correct. I swear I will cor	submit their Self-Quign: I swear or affirm, und uply with the 14 day self-cide false information on the	ler penalty of p	perjury, that: the above	e information on ne Health Manda	this document is true and
a Class A misdemeanor u Coronavirus, if you viola misdemeanor which is pu Alaska Statute 12.55.135	under AS 11.56.210. Addit te the self- quarantine regu unishable by a fine of up to	ionally, due to dations set for \$25,000 or in	the imminent danger th in the mandate, you apprisonment of not me	to the public by may also be co ore than one year	the spread of nvicted as a class A r, or both pursuant to
SIGNATURE:			DAT	E:	
CITY MANAGER	SIGNATURE:		I	DATE:	
Ann	proved:	Denied:	(anne:	al form prov	ided)

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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):					
DETAILED PLAN:					

Approved:_____(appeal form provided)