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| **SECTION I: APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Applicant Contact:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | Enter Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First Name: | | | | | Enter First Name. | | | | | | | | | | | Last Name: | | | Enter Last Name. | | | | | | |
| Title: | | | Enter Title. | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | Enter Mailing Address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Is the Mailing Address the same as Applicant’s Mailing Address? If “No”, please provide information below:* | | | | | | | | | | | | | | | | | | | | | | | | | Yes |
| City: | | Enter City. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mailing Address: | | | | | | | | Enter Mailing Address. | | | | | | | | | | | | | | | | | |
| State: | | | | | Enter State. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | | | | Enter Zip Code. | | | | | | | | | | City: | | Enter City. | | | | | | | | | | | | State: | | | Enter State. | | | | Zip Code: | | | Enter Zip Code. | |
| Phone: | | | | | | | | | | | | Enter Phone. | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | Enter Fax. | | | | | | | | | | | | | | | | | Phone: | | | | | | Enter Phone. | | | | | | | | | | | | Fax: | | | | | Enter Fax. | | |
| Email: | | | | | | | | Enter Email. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | | Enter Email. | | | | | | | | | | | | | | | | | | | | | |
| **SECTION II: THIRD PARTY INFORMATION**  (Fill out this section only if you are applying for the Applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SECTION III: APPLICATION DATE AND NUMBER**  (FOR DIVISION USE ONLY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Third Party Company Name: | | | | | | | | | | | | | | | | | | Enter 3rd Party Company Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Application Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | | | | | | | Enter First Name. | | | | | | | | | | | | | | | | | | | | | Last Name: | | | | | | | | | | | | Enter Last Name. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | Enter Title. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | Enter Mailing Address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | Enter City. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| State: | | | | Enter State. | | | | | | | | | | | | | | | | | | | | Zip Code: | | | | | | | | | | | | | | | | | | | | | | Enter Zip Code. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | | | | | | Enter Phone. | | | | | | | | | | | | | | | Fax: | | | | | | | | | | | Enter Fax. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | Enter Email. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the affiliation to the Applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Application Number: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe your affiliation to the Applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION IV: PROJECT DESCRIPTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Project Name:** | | | | | | | | | | | | | | | | | | | | | Enter Project Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Proposed Start Date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Start Date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Project Activities:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe what and where: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of Line Miles (2D) Click here to enter text and/or Square Miles (3D) Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Waste Management:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Staging and Storage Areas:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Airstrips and Landing Zones:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Historical Properties and Cultural Resources:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Anadromous Fish Streams and Other Streams:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Associated Structures:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Structures:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Other:   Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Type of Equipment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION V: SEQUENCE AND SCHEDULE OF ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are supplemental pages for Sequence and Schedule of Activities included in Appendix B?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Milestone #** | | | | | | | | | | | | | | | **Project Milestone** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Proposed Start Date** | | | | | | | | | | **Proposed End Date** | | | | | | |
| 1. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 2. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 3. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 4. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 5. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 6. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 7. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 8. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 9. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| 10. | | | | | | | | | | | | | | | Enter Milestone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Date. | | | | | | | | | | Enter Date. | | | | | | |
| **SECTION VI: LAND STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State of Alaska Surface Lands:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are supplemental pages for Land Status included in Appendix B?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meridian, Township, Range, And Section(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oil And Gas Mineral Estate Lessee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Access Authorization(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Use Lands: | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jointly Managed Lands: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Considerations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Activities/Components** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GPS Coordinates** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meridian, Township, Range, And Section(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oil And Gas Mineral Estate Lessee: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Access Authorization(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Use Lands: | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Considerations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Activities/Components** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GPS Coordinates** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION VII: PERFORMANCE GUARANTY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bonded Company: | | | | | | | | | | | | | | | | | | | | | | | Enter Bonded Company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: | | | Enter Bond Type. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Number: | | | | | | | | | Enter Bond Number. | | | | | | | | | | | | | | | | Amount: | | | Enter Bond Amount. | | | | | | | | |
| Bonding Company: | | | | | | | | | | | | | | | | | | | | | | | Enter Bonding Company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | | Enter Mailing Address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | Enter City. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | Enter State. | | | | | | | | | | | | | | | Zip Code: | | | Enter Zip Code. | | | | | | | | |
| Phone: | | | | | | | | | | | Enter Phone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | | | | Enter Fax. | | | | | | | | | | | | Email: | | | | | | Enter Email. | | | | | | | | | | | | | |
| **SECTION VIII: INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comprehensive General Liability Insurance:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of Insurance: | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Amount of Insurance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurer Name: | | | | | | | | | | | | | | | | | Enter Insurer Name. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | Enter Mailing Address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | Enter City. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | Enter State. | | | | | | | | | | | | | | Zip Code: | | | | | Enter Zip Code. | | | | | | | | | | |
| Phone: | | | | | | | | | Enter Phone. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | | | | Enter Fax. | | | | | | | | | | | | | | | Email: | | | Enter Email. | | | | | | | | | | | | |
| **SECTION IX: GLOSSARY OF TERMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are supplemental pages for Glossary of Terms included in Appendix B?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Term #** | | | | | | | | | | | | | | | | **Term** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Term Definition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. | | | | | | | | | | | | | | | | Enter Term. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Term Definition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | Enter Term. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Enter Term Definition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION X: CONFIDENTIALITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The undersigned hereby requests that each page/section of this application marked confidential be held confidential under AS 38.05.035(a)(8). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name | | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | Date | | | |

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| **APPENDIX A: MAPS** |

Include maps here.

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| **APPENDIX B: OTHER** |

Include other information here.