## STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL AND GAS

## **INDIVIDUAL STATEMENT OF QUALIFICATION**

I,(typed or printed name)	certify that as an applicant for an
(typed or printed name) interest in oil and gas resources in the State of Alaska majority in Alaska is 18 years, except for those who a marriage or those emancipated by court order.	
Signature	Date
Street or P. O. Box	
City, State, Zip Code	
Telephone Number	
E-mail (optional)	
<b>NOTE:</b> This information is made a part of the state public land records ar 40.25.120 (unless the information qualifies for confidentiality under AS 38 information is open to inspection by you or any member of the public. A per its accuracy or completeness under AS 44.99.310, by giving a written descrit to correct it, and a name and address where the person can be reached.	3.05.035(a)(9) and confidentiality is requested). Public rson who is the subject of the information may challenge
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Notary Acknowledgement (optional)	
THE UNITED STATES OF AMERICA ) ) SS.	
STATE OF	
THIS CERTIFIES that on the day of	
	nown to me to be the person who signing it.
Notary Public My Commission expires:	