STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

# SENIOR CITIZEN REGISTRATION EXEMPT AFFIDAVIT

| Alaska License Plate Number | | Serial Number (VIN) | | |
|---|---|---|---|---|
| Year | Make | Model | Body Style | Color |

I, _____, am an Alaskan resident 65 years of age or older and am applying for an exemption for one motor vehicle subject to registration. I am the registered owner, either solely or jointly, of the vehicle described above. I have no other vehicles registered with the senior citizen or the disability exemption per AS 28.10.411.

| Date of Birth | Alaska Driver License or Alaska state ID number |
|---|---|

If your address has changed please update.

| Mailing Address | City | State | ZIP |
|---|---|---|---|
| Physical Address | City | State | ZIP |

I have personally reviewed the information on this application and certify under penalty of perjury that to the best of my knowledge and belief the information on this application is true and correct.

| Signature | Date | (SEAL) |
|---|---|---|
| Subscribed And Sworn To Before Me This<br>_____ day of _____ , 20_____<br>Month Year | | |
| Notary or DMV Representative | Commission Expiration | |

## Additional Information:

- Only one exemption is allowed per individual

## Items required:

- Senior Citizen Registration Exempt Affidavit (807)
- A copy of the last registration issued, if available

**If you do not live in an area with access to a DMV, you may mail the items to:**

**Submit to Alaska DMV**:
Attn: Vehicle Department
3901 Old Seward Hwy STE 101
Anchorage, AK 99503-3600
Phone: 907-269-5551