



# CITY OF ADAK, ALASKA

P.O. Box 2011, Adak, Alaska 99546-2011  
Phone: (907) 592-4500; Fax: (907) 592-4262  
www.adak-ak.us

## NON-ESSENTIAL TRAVEL EXEMPTION APPLICATION Hunting, Fishing and Birding Exemption

Each person seeking to enter the municipality by sea or air must fill out an application, regardless of age. Applications should be submitted at least two business days prior to travel. Blank areas on the application will result in processing delays. Applicants should contact the City office prior to submission if there are any questions. Nothing on this application supersedes the requirements/definitions set out in Emergency Ordinance 20-2020-117.

Full Name: \_\_\_\_\_

Permanent Address (not Adak): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Transportation provider used to travel to Adak: \_\_\_\_\_

Dates of travel to & from Adak: \_\_\_\_\_

Please list the specific communities & airports you have been to, including your home community, within the previous 14 days of travel to Adak.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### **REQUIRED SUBMITTALS**

Emergency Ordinance 20-2021-117 requires travelers to employ the services of a local guide, lodge, or transporter (operator).

What local entity has been hired to provide required services?: \_\_\_\_\_

Provide phone number for above entity: \_\_\_\_\_

Provide City of Adak business license number for above entity (starts with 202xxxx): \_\_\_\_\_

What services have you hired the above entity for?: \_\_\_\_\_

Provide proof of air ambulance (medical evacuation) insurance with this application.

### **REQUIRED TRAVEL PLAN**

Emergency Ordinance 20-2021-117 requires a specific travel plan, from the operator, to be submitted with the application. The plan **must** include at least the following:

- Detail demonstrating how contact with the public will be strictly avoided.
- Certification that the traveler or operator is capable of quarantine or isolation for at least 10 days, if necessary, regardless of the planned length of the trip. The location of such quarantine location is to be provided.

- Detail how traveler will make daily contact with the operator, including the type of technology used. Note that outside the main area, cellular communications are severely limited.
- Certification that during periods where the traveler is in the field and not accompanied by the operator daily communications between the operator and traveler, through a log, contain the following:
  - Location, including GPS coordinates
  - Body temperature
  - Any other symptoms of illness
  - Any known or anticipated changes to the travel plan
  - Deviations necessary for weather or safety reasons

**AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS**

Initial the following acknowledging your agreement to adhere to local laws.

\_\_\_\_ I agree to self-screen for symptoms of COVID-19 a minimum of 48 hours prior to travel to Adak.

\_\_\_\_ I agree to submit to health screening in Adak, if requested.

\_\_\_\_ I agree to not travel to Adak if symptomatic. You may be denied transport on or off the island if presenting symptoms

\_\_\_\_ I agree to wear face coverings as recommended in State Health Alert 010, further required in accordance with City Emergency Ordinance 20-2020-116, when outside personal lodgings and in entering business establishments in Adak.

\_\_\_\_ I agree to follow all other local ordinances or emergency orders that are in place or may be in the future

\_\_\_\_ I agree not to enter any residences in Adak other than my own lodging.

\_\_\_\_ I acknowledge and understand that Adak has limited primary and emergency medical services and capabilities. I understand that I may not be able to receive the level of care that may be available in a larger city/community.

**Certificate: Read and Sign:** I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. **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. You may also be cited for a minor offense under local ordinance and subject to a \$500 fine.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_