



# CITY OF ADAK, ALASKA

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

## TRAVEL REGISTRATION

Each person seeking to enter the municipality by sea or air must fill out an application, regardless of age or whether an employer has filed a plan or protocol with the State of Alaska. **EXCEPTION** – For fishing vessels with multiple employees, a supervisor or captain may list all employees under one form and only submit one form to cover all employees on the vessel. Registrations should be submitted as soon as possible. Nothing on this application supersedes the requirements/definitions set out in Emergency Ordinance 2021-120.

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

Permanent Address: \_\_\_\_\_

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, travelled within the previous 14 days of travel to Adak.

\_\_\_\_\_  
\_\_\_\_\_

If necessary to quarantine while in Adak where is that specific location?: \_\_\_\_\_

What is your method of air ambulance evacuation from Adak if necessary?: \_\_\_\_\_

Why are you travelling to Adak?: \_\_\_\_\_

\_\_\_\_\_

## AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS

By signing below:

- I agree to self-screen for symptoms of COVID-19 a minimum of 48 hours prior to travel to Adak and agree to not travel to Adak if symptomatic. Note: You may be denied transport on or off the island if presenting symptoms.
- I agree to wear face coverings as required in accordance with City Emergency Ordinance 2021-120, when outside entering business establishments in Adak. I acknowledge TSA directive 1542-21-01 requiring masks be worn at all time when on airport property. In Adak the airport boundary extends to the “Welcome to Adak” sign.

**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. You may also be cited for a minor offense under local ordinance and subject to a \$250 fine.

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

Send completed forms via email to: [covid19@adak-ak.gov](mailto:covid19@adak-ak.gov).