

Application for COLD and Certification of Residency

Division of Personnel and Labor Relations
DOT/ Marine Human Resource Service Center
PO Box 110201
Juneau, AK 99811-0201
TDD: (907) 465-4052
Fax: (907) 465-2019



Alaska State Law AS 23.40.210 provides that collective bargaining agreements include a pay plan with a Cost of Living Differential (COLD) between the salaries paid to employees residing in Alaska and employees residing outside of Alaska.

The Department of Transportation and Public Facilities verifies residency status of all current AMHS employees with the Permanent Fund Dividend Division in the Department of Revenue. This is done on an annual basis. You must complete and submit this form certifying that you are a resident of the State of Alaska in order to be eligible for COLD. **Submission of this certification is a requirement of all Alaska Marine Highway employees.**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PHYSICAL RESIDENCE ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	MESSAGE NUMBER		

A "resident of the State of Alaska" means you are physically present in the state with the intent to permanently remain and make a home in the state. You may not be claiming residency outside the state or obtaining benefits under a claim of residency outside the state. The required presence of an employee at a work station, including an Alaska Marine Highway vessel, where room and board are provided or reimbursed by the employer will not be considered a physical presence in the state or physical absence from the state for the purpose of determining eligibility for cost of living differential. See, AS 01.10.055 (Definition of State Resident) and AS 23.40.210 (Authorization for COLD)

Please check all boxes that apply:

I am now and intend to remain an Alaskan resident. I have been an Alaskan resident since _____.

Since claiming COLD, I have not claimed residency in another state.

I am not an Alaskan resident, and am not applying for COLD.

Application for COLD and Certification of Residency cont.

Provide names, addresses, and telephone numbers of two adult Alaska residents who can verify your residency.

Verifiers' signatures are required.

FULL NAME		FULL NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DAYTIME PHONE NUMBER		DAYTIME PHONE NUMBER	
I certify that the applicant is domiciled in Alaska		I certify that the applicant is domiciled in Alaska	
SIGNATURE	DATE	SIGNATURE	DATE

NOTE: Pursuant to AS 11.56.210 “ (a) A person commits the crime of unsworn falsification in the second degree if, with the intent to mislead a public servant in the performance of a duty, the person submits a false written or recorded statement that the person does not believe to be true (1) in an application for a benefit; or (2) on a form bearing notice, authorized by law, that false statements made in it are punishable. (b) Unsworn falsification in the second degree is a class A misdemeanor.”

Read the Following Statements and Sign Below

I understand that if I knowingly affirm a false statement of fact I may be held liable for a criminal offense. In addition to any criminal penalties:

- I will lose this and all future COLD.
- I will be required to pay back all COLD I have been paid.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I may be held liable for civil penalties.

Release of Information: I authorize the Alaska Division of Personnel and Labor Relations to obtain confidential information necessary to verify my eligibility. This authorization is limited to the release of confidential records necessary to verify my eligibility from any public agency including the Social Security Administration; Internal Revenue Service; Alaska Department of Revenue, Permanent Fund Division; Alaska Department of Health and Social Services, Division of Public Assistance and Office of Children’s Services. I agree that a copy of this authorization is as valid as the original.

I affirm that the above statements are true and accurate.

SIGNATURE: _____ **DATE:** _____

