

ATMENT OF NATUR

Land Conveyance Section 550 W. 7th Ave., Suite 640 Anchorage, AK 99501-3576 907-269-8594

Statewide TTY – 711 for Alaska Relay or 1-800-770-8973

APPLICATION FOR EXCHANGE OF STATE LAND AS 38.50

Date:	ADL # (assigned by DNR):		
Applicant's Name:	Doing business as:		
this individual's address and contact infor	te a single individual who will represent all the applicants and be the primary contact. Use rmation below. Applicants must be 18 years of age or older. If the applicant is a corporation or rporation or business and the authorized representative's name. The state will issue a plicant(s).		
Mailing Address:			

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City/State/Zip:		E-Mail:	
Message Phone:		Work Phone:	
Is the applicant a	corporation qualified to do business in Alaska?	□ Yes □	No
Is the applicant 1	8 years or older? 🛛 Yes 🗌 No		
Is the corporation	n in good standing with the State of Alaska? \square	Yes 🗆 No	

Authority: Under 11 AAC 67.210, a proposed exchange of state land interest in state land must be initiated in a written application to the department by a qualified party to an exchange, as defined by AS 38.50.030. The department will respond within 60 days after receipt of an application indicating whether the department determines that it is in the public interest to negotiate a preliminary exchange agreement under 11 AAC 67.230.

- The applicant shall state the reasons for the proposal and describe the areas suggested for exchange. An
 application must be accompanied by written proof acceptable to the department that the applicant is the owner
 of, or is legally entitled to, the lands or interests in land proposed for exchange, or that the applicant is
 authorized to act on behalf of the owner of the land or interests in land proposed for exchange.
- 2. An application must describe the perceived public benefits to be derived from the proposed exchange.

Land Exchange Purpose/Background:

Legal Description:

Parcel(s) to be	Acquired by Applicant:						
Lot(s):	Block/Tract #:	Surve	Survey/Subdivision:				
Other:							
			Section(s):	Acres:			
Municipality:							
Parcel(s) to be A	Acquired by the State:						
Lot(s):	Block/Tract #:	Surve	ey/Subdivision:				
Other:							
Meridian:	Township:	Range:	Section(s):	Acres:			
Municipality:							

Public Benefits to be Derived from Exchange:

Attachments:

Map: \Box Yes \Box No (Maps should be at least 1:63,000 or Inch/Mile scale with the area clearly delineated.)

Documentation of Ownership: \Box Yes \Box No

Photos: 🗌 Yes 🗌 No

In signing this application, the applicant(s) hereby attest(s) that the information herein provided is true and correct to the best of the applicant(s)' knowledge.

Signature

Date

NOTICE TO APPLICANT:

* This application will not be considered unless it is accompanied by the appropriate filing fee and completed in full. THE FILING FEE WILL NOT BE REFUNDED, NOR IS IT TRANSFERABLE. All checks are to be made payable to the Department of Natural Resources.

* The filing of this application and payment of the filing fee vests the applicant with no right or priority in the lands applied for. It merely expresses the desire to purchase a parcel of land when and if it becomes available. Filing an application serves the purpose of notifying the state that an individual is interested in purchasing land. It is not a claim, nor does it in any way obligate the state to sell land. For Department Use Only Application received date stamp

Receipt Type: 13 – Application

* AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 40.25.110 and 40.25.120, unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, or qualifies for confidentiality AS 43.05.230, AS 45.48, or other state or federal laws. Public information is open to inspection by you or any member of the public. A person who is the subject of the personal information may challenge its accuracy or completeness under AS 40.25.310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210. In submitting this form, the applicant agrees with the Department to use "electronic" means to conduct "transactions" (as those terms are used in the Uniform Electronic Transactions Act, AS 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this record: the Department may retain this record as an electronic record and destroy the original.