

**STATE OF ALASKA
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF MINING, LAND AND WATER
CONTRACT INITIATION AND REVENUE RECOVERY
550 W. 7th AVENUE, SUITE 640, ANCHORAGE, AK 99501
(907) 269-8594, dnr.cirr@alaska.gov**

SUBLEASE APPLICATION

ADL Number _____

- ▶ Upon receipt of this application, required documents and fees, a sublease consent document will be drafted requiring notarized signatures of all parties. Final approval by the Division is required. An approved sublease will include a 25% annual sublease fee based on the payment agreement between the Sublessor and Sublessee pursuant to 11 AAC 05.230(d)(6).
- ▶ Completed application and required documents may be submitted electronically to dnr.cirr@alaska.gov or mailed to 550 W. 7th Avenue, Suite 640, Anchorage, AK 99501.
- ▶ Payment of the \$400 application fee can be made by check or credit card. Checks should be made out to the State of Alaska, Department of Natural Resources and note the ADL number and 'Sublease Application Fee' on the memo line and can be submitted to one of the below offices. Payment by credit card can be taken over the phone by the below offices. Payment should be coded as receipt type '13'.

FAIRBANKS

DNR Public Information Center
3700 Airport Way
Fairbanks, AK 99709
Phone: (907) 451-2705
Fax: (907) 451-2706
TTY: 1-800-770-8973
E-mail: fbx-pic@alaska.gov
Business Hours: 8:00 am to 4:30 pm, M-F

ANCHORAGE

DNR Public Information Center
550 W. 7th Ave., Ste 1360
Anchorage, AK 99501-3557
Phone: (907) 269-8400
Fax: (907) 269-8901
TTY: 1-800-770-8973
E-mail: dnr.pic@alaska.gov
Business Hours: 8:00 am to 4:30 pm, M-F

JUNEAU

DNR Southeast Regional Land Office
400 Willoughby Ave, #4th Floor
Juneau, AK 99801-1020
Phone: (907) 465-3400
Fax: (907) 500-9011
TTY: 1-800-770-8973
E-mail: sero@alaska.gov
Business Hours: 8:00 am to 4:30 pm, M-F

SUBLESSOR INFORMATION				
Last Name/Business Name	First Name	Middle Name	Suffix	Note: Name provided must be full legal name as it appears on the lease document.
Address				
City, State, and ZIP code				
Phone Number		Email Address		
	Authorized Representative Full Name			
	Position			
	<div style="display: flex; justify-content: space-between;"> Signature: Date: </div>			
Required document(s) provided: <input type="checkbox"/> LLC: Articles of Organization, Operating Management Agreement, or a resolution signed by all members that identifies who the members are and who has the authority to sign on behalf of, legally bind, and pledge assets of the LLC. <input type="checkbox"/> Corporation: Articles of Incorporation and Corporate By-Laws identifying who is the authorized signee for the corporation. <input type="checkbox"/> Copy of agreement between Sublessor and Sublessee of the collocation agreement. <input type="checkbox"/> Development Plan – note no changes to the development if no new development is planned.				

IF MORE THAN ONE SUBLESSOR, COPY THIS PAGE AS APPLICABLE

ADL Number _____

SUBLESSEE INFORMATION					
Last Name/Business Name		First Name	Middle Name	Suffix	Note: Name provided must be full legal name as it appears on your business license.
Address					
City, State, and ZIP code					
Phone Number			Email Address		
	Tax ID Number (EIN)		Authorized Representative Full Name		Position
	Signature:				Date
	Required document(s) provided: <input type="checkbox"/> Proof of registration for an Alaska LLC or Corporation <input type="checkbox"/> LLC: Articles of Organization, Operating Management Agreement, or a resolution signed by all members that identifies who the members are and who has the authority to sign on behalf of, legally bind, and pledge assets of the LLC. <input type="checkbox"/> Corporation: Articles of Incorporation and Corporate By-Laws identifying who is the authorized signee for the corporation.				

IF MORE THAN ONE SUBLESSEE, COPY THIS PAGE AS APPLICABLE

ATTACH THE FOLLOWING:

- Proof of registration for an Alaska LLC or Corporation
- Documents identifying signatory authority for the business
- Copy of the agreement between the sublessor and sublessee of the collocation agreement
- Development Plan – any changes to improvements must be noted
- Application Fee: \$400

By submitting this form, the applicant certifies that they have not changed the original text of the form or any attached documents provided by the Division.

NOTICE: 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.