ACORD ALASKA PETITION FOR EXECUTIVE OFFICER WAIVER	
ALASKA DEPARTMENT OF LABOR Workers' Compensation Division P.O. Box 25512 Juneau, Alaska 99802-5512	Form 07-6131 (Rev 4/90)
	er Waiver under the Alaska Workers' Compensation Act (AS 23.30.240) and Regulation during the tenure of the person listed while holding the title indicated in number 7 below. vears if information to issue the waiver is not received.
NOTE TO PETITIONER: An executive officer means the President, Vice-President, Secretary, Treasurer, or a corporate employee who is specifically designated as an executive officer in the Articles of Incorporation or Bylaws.	
(Type or Print)	
1. Corporate Name	
2. Mailing Address	
3. Insurance Company Name	
4. Insurance Company Address	
5. Workers' Compensation policy #	From To
6. Number of employees	_ (Including Executive Officers)
7. As a duly elected or appointed executive officer of the above named corporation, I request a waiver from coverage under the Alaska Workers' Compensation Act. I understand that my rights to benefits under the Act are waived and that this waiver extends to my beneficiaries in case of my death from any injury sustained during the performance of my duties as the officer indicated below:	
a. Signature	b. Signature
1. Typed or Printed Name	1. Typed or Printed Name
2. Title of Officer	2. Title of Officer
3. Mailing Address	3. Mailing Address
c. Signature	d. Signature
1. Typed or Printed Name	1. Typed or Printed Name
2. Title of Officer	2. Title of Officer
3. Mailing Address	3. Mailing Address
If You Need More Space Use Back of Form	
8. As required, the following are attached as a part of this application:	
 a. Copy of Certificate of Incorporation; c. Copy of page(s) of bylaws that state officers' titles and duties; and 	 b. Copy of first page of Articles of Incorporation; d. Copy of page of minutes of corporate meeting that reflects petitioner's election or appointment as executive officer.
9. Name of Person Submitting	10. Signature 11. Date