

Affidavit Requesting Administrative Review of Title Transaction

IMPORTANT: *If you are the victim of a crime, you must report the incident to the Law Enforcement Agency in the jurisdiction where the alleged crime occurred. A copy of the police report must be included with this form, if applicable.*

My Name: _____ Driver License/ID # _____

Email Address: _____ Phone Number: _____

Vehicle Plate: _____ Vehicle VIN: _____

Make/Model: _____ Model Year: _____

In the area below, briefly describe what happened. Include when, where and who, if known:

Are you in possession of the vehicle? Yes ___ No ___

Are you in possession of the vehicle title? Yes ___ No ___ If yes, include copy of title

I have personally reviewed the information on this affidavit and certify under penalty of perjury that to the best of my knowledge and belief the information I have provided is true and correct. NOTE: Making a false statement or omitting a material fact is subject to a maximum penalty of \$10,000, or 1- year imprisonment or both per AS 11.56.210 and AS 28.35.135

Printed Name _____

X _____ Date: _____

Signature (Sign in front of Notary Public or DMV Representative)

Subscribed and Sworn before me this

_____ Day of _____ 20_____

Signature of Notary Public or DMV Representative (LOGIN ID & Office Location)

X _____

Mail or Deliver to DMV Director's Office: 3901 Old Seward Hwy Ste 101, Anchorage, AK 99503 ATTN: Admin Title Review

For More Information Call the DMV Director's Office at (907) 269-5551