

[DATE]

RE: Login Authorization

State of Alaska
Regulatory Commission of Alaska
Robert M. Pickett
Chairman
701 West 8th Avenue, Suite 300
Anchorage, Alaska 99501

Dear Chairman Pickett:

I hereby authorize [NAME OF THE PERSON WHO WILL BE ISSUED A USER NAME AND PASSWORD] to receive a user name and password from the Regulatory Commission of Alaska (Commission) to submit electronic filings on behalf of [NAME OF THE ENTITIES THAT PERSON LISTED ABOVE WILL BE ALLOWED TO SUBMIT ELECTRONIC FILINGS FOR VIA THE COMMISSION'S ELECTRONIC FILING SYSTEM].

I understand that the use of a Commission issued user name and password constitutes verification that [NAME OF THE PERSON WHO WILL BE ISSUED A USER NAME AND PASSWORD] has the requisite authority to make an electronic filing on [HIS or HER] own behalf or on behalf of [NAME OF THE ENTITIES THAT PERSON LISTED WILL BE ALLOWED TO SUBMIT ELECTRONIC FILINGS FOR VIA THE COMMISSION'S ELECTRONIC FILING SYSTEM].

I understand that the Commission may cancel a user name and password, if it is determined that [NAME OF THE PERSON WHO WILL BE ISSUED USER NAME AND PASSWORD] is abusing the Commission's electronic filing privileges.

Respectfully Submitted,

[NAME OF ENTITY REPRESENTATIVE OR ATTORNEY]
[MAILING ADDRESS]
[CITY, STATE, ZIP CODE]
[PHONE NUMBER]
[FAX NUMBER]
[ELECTRONIC MAIL ADDRESS]
[ATTORNEY BAR NUMBER, if applicable]