

[Date]

RE: Login Authorization

State of Alaska  
Regulatory Commission of Alaska  
T.W. Patch  
Chairman  
701 West 8<sup>th</sup> Avenue, Suite 300  
Anchorage, AK 99501

Dear Chairman Patch:

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 [DOCKET FILINGS and / or REGULATORY COST CHARGE REPORTING] on behalf of [NAME OF THE ENTITIES THAT THE PERSON LISTED ABOVE WILL BE ALLOWED TO SUBMIT ELECTRONIC FILINGS FOR THE VIA THE COMMISSION'S ELECTRONIC FILING SYSTEM].

I understand that the use of a 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,

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