

Date

State of Alaska  
Regulatory Commission of Alaska  
John Espindola  
Chair  
701 West 8<sup>th</sup> Avenue, Suite 300  
Anchorage, AK 99501

Re: Electronic Login Authorization

Dear Chair Espindola:

I, [the undersigned], hereby request that the Regulatory Commission of Alaska (Commission) assign a username and password to [Name of the individual who will be issued a Username and Password] for the purposing of submitting electronic filings on behalf of [Name of the Entity(ies)]. By making this request, I, [the undersigned] affirm that [Name of username assignee] is authorized to submit electronic filings through the Commission's electronic filing system on behalf of [Entity]. I further acknowledge and affirm the following [Check the following boxes that apply]:

	Yes	No
Authorized to file on behalf of [Name of the Entity(ies)]		
Authorized to file on behalf of him or herself		
Requesting authorization to [Name of the individual to whom will be issued a Username and Password] electronically file Docket Filings, Tariff Matters and other filing requirements (not including Regulatory Cost Charge Reporting)		
Requesting authorization to [Name of the individual to whom will be issued a Username and Password] electronically file regulatory cost charge documents and/or online annual operation reports.		

Please remember that the Commission is only granting two authorizations per entity to file regulatory cost charge documents.

I affirm and acknowledge that I am required to notify the Commission within 15 business days before [Name of the individual will be issued a Username and Password] leaves employment of or will no longer represent [Name of the Entity(ies)].

I affirm and acknowledge that the Commission will revoke a username and password if the Commission has reason to believe:

- the named individual no longer works for your entity, or has moved to a different position that no longer requires the obtained authorization;
- the named individual shares the username and password with any other person, whether or not that unauthorized user is employed or otherwise affiliated with your [Entity]; and/or
- the assigned username and/or password appears to be misused in such a way that it could pose a cybersecurity risk or cause other IT problems for the Commission.

I acknowledge and affirm that the loss of ability to make an electronic filing based upon misuse of the assigned user name and password could impact the [Entity] in such a manner that would preclude [Entity]'s ability to file required or otherwise necessary filings for a period of time up to 30 days for the first offense.

Respectfully Submitted,

Name of Entity Representative or Attorney  
Mailing address  
City, State, Zip code  
Fax number  
Electronic mail address  
Attorney Bar Number, if applicable