



Complete this application and attach proof of payment (paid invoice, receipt, with a copy of your bank statement or processed check) with a copy of your current IRS W9, and submit to the Alaska DOT&PF Civil Rights Office. To qualify for the \$1000.00 reimbursement, you must be working on Alaska DOT&PF projects. Expenses are reimbursed at 50% of the cost to you. If you are unsure if you qualify, please contact the OJT Support Services Office at 907-269-0850 or visit <https://dot.alaska.gov/cvlrts/forms/pamp-ojt.pdf> for more information.

Name: _____ E-mail Address: _____

Mailing Address: _____ Phone: _____

Gender: Male Female

Ethnicity: Alaska Native American Indian African American Asian/Pacific Islander Caucasian Hispanic
 Other _____

Federal-aid Project Information

Project Name/Description: _____ Project Number: _____

Contractor/Employer: _____

Carpenter Electrician Laborer Operating Engineer Piledriver Other _____

Reimbursement Requested & Required Documentation

Select the appropriate box and write a description and accompanying dollar amount for each item. You must include a copy of a paid invoice, receipt, and a copy of your bank statement or processed check as proof of payment with this request. To process your reimbursement request, you must attach a copy of a current IRS W9 form with a correct mailing address that matches the mailing address above. Attach, or include additional pages to this request as necessary.

Training Materials & Transportation – Academic courses or fees, fuel to and from work, etc.	Amount (s)
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____
Work Clothing & Tools – Items appropriate for the trade in which the apprentice is enrolled	
<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____
Licensed childcare for apprentice’s children during work hours.	
Please indicate number of children, dates of care, and amount.	
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	_____

- I understand that approval of my request is at the sole discretion of the Alaska DOT&PF Civil Rights Office.
- I have included a copy of my current IRS W9 form, and all additional required documentation.

Date _____ Apprentice’s Signature _____ Total Amount of Reimbursement _____



Alaska DOT&PF Civil Rights Office OJT Support Services
P.O. Box 196900, Anchorage, AK 99519-6900
Zhenia C. Peterson | zhenia.peterson@alaska.gov
Ph: 907-269-0850 | Fax: 907-269-0847 |