

SWORN CERTIFICATION OF COMPLIANCE

STATE OF _____)
) ss.
_____ JUDICIAL DISTRICT (COUNTY))

Regarding an application for a tax credit under Alaska’s Film Production Incentive Program for _____ (name of production), I, _____ (name of producer), Producer, being sworn, certify that:

1. I and the production, _____, have fully complied with all applicable state laws and regulations during the production and have complied with all state permit requirements;

2. neither I nor the production, _____, are the subject of an investigation or administrative proceeding concerning alleged violations by the producer or the production of the laws or regulations of this state;

3. neither I nor the production, _____, are involved in a legal action filed in a federal court or court in this state concerning alleged violations by the producer or the production of the laws or regulations of this state. If after submission of the sworn certification, I or the production, _____, become the subject of an investigation or administrative proceeding described in this subsection, or become involved in a legal action described in this subsection, I shall immediately notify the Alaska Film Office. I understand that failure to comply with this requirement may result in a tax credit not being awarded to the producer. I also understand that if I or the production, _____, are or become the subject of an investigation or administrative proceeding under AS 44.62, AS 44.25, including AS 44.25.135(a) and (b), and AS 43.98.030 or become involved in a legal action described in those subsections, the Alaska Film Office will suspend determination of the production’s eligibility for a tax credit pending resolution of that investigation, administrative proceeding, or legal action. I further understand that I may be subject to criminal prosecution for Unsworn

Falsification in the Second Degree (AS 11.56.210) if any of the statements I make in this sworn certification are false.

DATE: _____

Name and Title

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Notary Public in and for the
State of _____
My commission expires: _____