

# Alaska Operator Assignment of Cash Deposit

847D

AS 05.15.122. For value received, the undersigned hereby assigns and transfers unto the State of Alaska, the annexed

TCDS #, \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Issued by: \_\_\_\_\_ Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Bank Phone Number \_\_\_\_\_

for the Games of Chance and Skill operator security as required by the laws of the State of Alaska for licensing of:

as an operator, doing business as \_\_\_\_\_

who is an:  Individual  Qualified Organization  Municipality

The undersigned does hereby irrevocably constitute and appoint the State of Alaska by and through its duly authorized agents as their Attorney-in-Fact to do all things necessary and appropriate to effectuate the purposes of this assignment.

It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the said security.

Dated at \_\_\_\_\_ Alaska, This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

The person whose name appears on Certificate of Deposit must sign below:

\_\_\_\_\_  
Applicant's Signature Social Security Number

STATE OF ALASKA )  
) ss:  
\_\_\_\_\_ JUDICIAL DISTRICT )

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned, notary public in and for the State of Alaska, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the above and foregoing Assignment of Cash Deposit, and he/she acknowledged to me that he/she signed and sealed the same freely and voluntarily for uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public for the State of Alaska

My Commission Expires: \_\_\_\_\_

By signature below, the issuing institution agrees that only the State of Alaska, upon presentation of written notice, shall cause the release of any and all funds described above.

\_\_\_\_\_  
Bank Representative Date

Phone (907) 465-2320

Fax (907) 465-3098

Mail to: Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420

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