

April 25, 2026

STATE OF ALASKA BACKGROUND CHECK INFORMATION INPUT FORM

THIS FORM MUST BE FILLED OUT FOR PERSONS NOT CURRENTLY IN THE STATE OF ALASKA, NEW ALASKA BACKGROUND CHECK SYSTEM (NABCS).

Please complete the following form and return to 816 28th Avenue, Suite 300, Fairbanks, Alaska 99701, please use the locked mail box for **Suite 300** or email to My Horizon. **If emailing via regular email at admin@myhorizontalaska.com please omit your Social Security number and date of birth to keep your vital information secure. Please contact My Horizon via phone at (907) 322-6322 with this information.**

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Permanent/Physical Address

Country: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Mailing Address

Same as Permanent Address

Country: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip Code: _____

Identification

Note: This information should match the information on your Driver's License.

SSN: _____

Date of Birth (Month/Day/Year: _____

Driver's License Number: _____

Driver's License State: _____

Physical Appearance

Race: _____

Gender: _____

Eye Color: _____

Hair Color:

Height: _____

Weight:

Citizenship

US Citizen: _____

Place Of Birth: _____

Phone Numbers

Phone: _____

Phone Type: _____

Secondary Phone: _____

Secondary Phone Type: _____

Email: _____

Prior Names

1.
First Name: _____

Middle Name: _____

Last Name: _____

2.
First Name: _____

Middle Name: _____

Last Name: _____

3.
First Name: _____
Middle Name: _____
Last Name: _____

4.
First Name: _____
Middle Name: _____
Last Name: _____

Prior Addresses

1.
Country: _____
City: _____ State: _____
Year at Address - From: _____ To: _____

2.
Country: _____
City: _____ State: _____
Year at Address - From: _____ To: _____

3.
Country: _____
City: _____ State: _____
Year at Address - From: _____ To: _____

4.
Country: _____
City: _____ State: _____
Year at Address - From: _____ To: _____

If additional address information needs to be added please check the box and use the back sheet for additional information.

I certify I have provided the above information and that this information is true and correct, to the best of my knowledge. I understand this will be input into the State of Alaska background check system and I give permission to release it for the purpose of a background check.

Printed Name

Signature

Date

If you have any questions, please contact My Horizon at (907) 322-6322.