



Alcohol and Marijuana Control Office  
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Alaska Alcoholic Beverage Control Office

## Form AB-41: Common Carrier Approval Registration

Why is this form needed?

Registration Fee: \$1,250

Per AS 04.09.750, a common carrier may not transport or deliver alcoholic beverages to a person in the state unless the ABC board has approved the common carrier.

In section two (2) of this form, a detailed diagram (or description) of the secure storage location where alcohol will be held (both prior to and after transport) is required. Your diagram (or description) must include dimensions and must show all entrances and boundaries of the premises and areas of storage.

In section three (3) of this form, you must describe how the carrier will verify age and obtain a signature of the recipient. You must also state where records of shipments of alcoholic beverages will be held and made available for inspection and audit by AMCO Enforcement.

Per AS 04.09.750(c) delivering alcoholic beverages to a person in the state shall ensure that the package containing alcoholic beverages is delivered directly to a person who:

- (1) Presents identification and acceptable proof of age under AS 04.21.050 showing that the person is 21 years of age or older; and
- (2) Provides a signature acknowledging that the person received the package.

Per AS 04.09.750(d) an approved common carrier shall make records of shipments of alcoholic beverages to persons in the state available for inspection and audit by the board.

### Section 1 – Carrier Information

Name of carrier:	Dillingham Freight and Fuel llc		
Address:	812 Airport Rd. Dillingham AK 99576		
Address where shipment records will be available:	812 Airport rd. Dillingham AK 99576		
Contact Name:	Zach Bell	Contact Email:	zach@dillinghamfreightandfuel.com
Contact Phone:	907-469-4198		
Mode of carrier transportation:	<input checked="" type="checkbox"/> Motor Vehicle <input type="checkbox"/> Watercraft <input type="checkbox"/> Aircraft <input type="checkbox"/> Railroad Car		



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**Section 2 – Listed Areas of Operation and Detailed Diagram**

Each hub (or location) where alcoholic beverages will be transported to or from is required to be listed. Use additional sheets if necessary.

<b>Name of location/ Hub:</b>	Dillingham Freight and fuel llc
<b>Physical Address:</b>	812 airport rd. Dillingham AK 99576
<b>Diagram of location:</b> <i>Include:</i> <i>Entrances/exits</i> <i>Secured areas</i> <i>Walls</i>	See attached

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<b>Name of location/ Hub:</b>	
<b>Physical Address:</b>	
<b>Diagram of location:</b> <i>Include:</i> <i>Entrances/exits</i> <i>Secured areas</i> <i>Walls</i>	



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**Section 2 continued – Listed of Areas of Operation and Detailed Diagram**

Each hub (or location) where alcoholic beverages will be transported to or from is required to be listed. Use additional sheets if necessary.

<b>Name of location/ Hub:</b>	
<b>Physical Address:</b>	
<b>Diagram of location:</b> <i>Include:</i> <i>Entrances/exits</i> <i>Secured areas</i> <i>Walls</i>	

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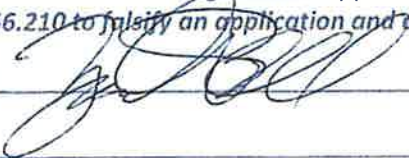
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**Section 3 – Description of Control Measures**

Carrier must clearly indicate how the provisions of AS 04.09.750 (c)(1) and (2) will be met

<b>Accepting ID:</b> AS 04.09.750(c)(1)	All airway bills for each shipment will be stamped in red stating ID check is required. The ID number will be noted on that stamp line. All POD'd AWBs will be emailed to the air carrier and filed in our office in Dillingham.	<b>Obtaining signature:</b> AS 04.09.750(c)(2)	Each AWB is already printed, signed and filed in our office in Dillingham.
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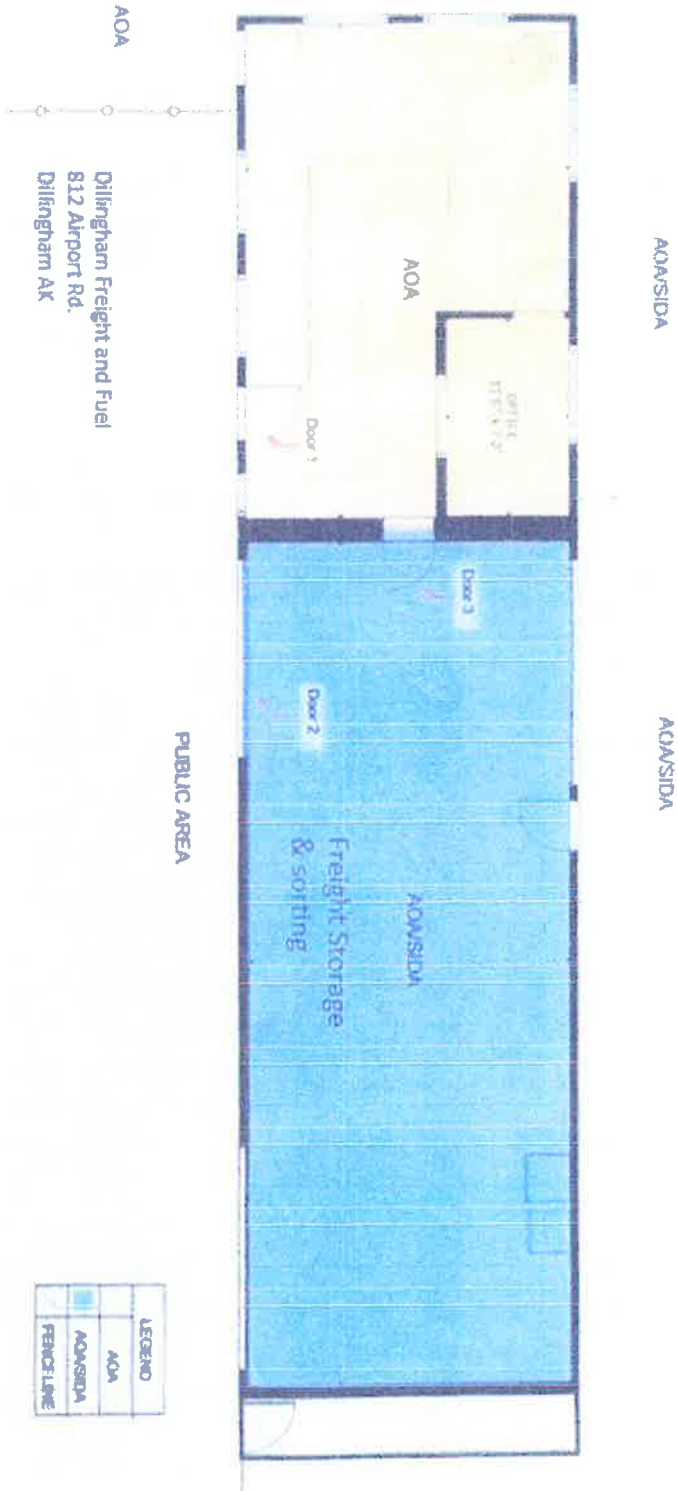
*I declare that all the information contained in this application, and evidence or other documents submitted are true and correct to the best of my knowledge. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying this request for common carrier registration approval. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.*

SIGNATURE:  DATE: 1/24/2024

Board/ Director Review: Approved  Denied

Board/Director Comments:  
Interna<sup>Director</sup> Approval Board Review 4/16/24

 Signature of AMCO reviewer  
2/8/24 Date



LEGEND	
<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	AOA
<span style="background-color: lightblue; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	AOA/SIDA
<span style="border-bottom: 1px dashed black; display: inline-block; width: 15px;"></span>	FENCELINE