

Note: This form becomes a public record upon its filing.

FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM

For Official Use Only: ID #: 3P _____

Check applicable box: Original Registration Update to Registration Termination of Registration

1. Third Party Voter Registration Organization (name):		Phone:
Permanent Address:	_____	
	(address, city, county, state, zip code)	
	Email address, if any: _____	
Mailing Address:	_____	
(if different from above)	(street or PO Box address, city, county, state, zip code)	
2. Designation of Organization's Registered Agent in the State of Florida (name):		Phone:
Address:	_____	
(P.O. Box not permitted)	(street address, city, county, state, zip code)	
3. Registered Agent's Acceptance: I accept the appointment as registered agent for this organization:		
_____		Date: _____
(Signature of registered agent or authorized person signing for an organizational registered agent)		
4. Indicate the counties in which the third-party voter registration organization will operate:		
<input type="checkbox"/> All counties;		
<input type="checkbox"/> Specific counties of: _____		

5. Listing of the third-party voter registration organization's officers:		
Name	Title	Address

FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM (CONTINUED)

6. Listing of the third-party voter registration organization's employee registration agents (*i.e.*, those individuals employed by the organization who collect voter registration applications from Florida voter registration applicants on behalf of the organization).

An **address** must include a street address, city, state, and zip code.

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

7. Further Instructions. (a) If more entries are required to list **additional organization's officers**, attach letter-size paper and provide the same information as requested in Block 5 of this form.

(b) If more entries are required to list **additional employee registration agents**, use or copy the next page of this in a sufficient quantity to list all registration agents, then complete the pages and attach to this form.

(c) If you are **updating** a registration: Check the "Update to Registration" box, complete the name of the organization in Block 1, but *also* place the organization's 3P number in the name entry; and then only complete those entries on the form that are being updated and Block 8.

(d) If you are **terminating** the organization's registration: Check the "Termination of Registration" box, complete the name of the organization in Block 1, but *also* place the organization's 3P number in the name entry; and then only complete Block 8.

(e) If you use continuation pages, state the number of additional pages here: _____ **additional pages.**

8. Signature: I understand that the above-named organization is not considered registered and may not collect voter registration application until the Division approves the registration and assigns the organization an identification number.

Name and Title of Person Completing Form

Signature

Date

**FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION
REGISTRATION FORM (CONTINUED) – ADDITIONAL PAGE # _____**

6. (Continued) Listing of the third-party voter registration organization's employee registration agents (i.e., those individuals employed by the organization who collect voter registration applications from Florida voter registration applicants on behalf of the organization).

An **address** must include a street address, city, state, and zip code.

Complete the Additional Page # entry at the top of this form for each additional page.

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____

Check Applicable box: Initial Appointment Amended Entry Termination

Name of registration agent: _____

Permanent address: _____

Temporary address, if applicable: _____