

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

# FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM

<b>For Official Use Only:</b>  ID #: 3P _____
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Check applicable box:  Original Registration     Update to Registration     Termination of Registration

<b>1. Third Party Voter Registration Organization</b> (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)	
<b>2. Designation of Organization's Registered Agent in the State of Florida</b> (name):		Phone:
Address:	_____	
(P.O. Box not permitted)	(street address, city, county, state, zip code)	
<b>3. Registered Agent's Acceptance:</b> I accept the appointment as registered agent for this organization:		
_____		Date: _____
(Signature of registered agent or authorized person signing for an organizational registered agent)		
<b>4. Indicate the counties in which the third-party voter registration organization will operate:</b>		
<input type="checkbox"/> All counties;		
<input type="checkbox"/> Specific counties of: _____		
_____		
_____		
_____		
<b>5. Listing of the third-party voter registration organization's officers:</b>		
<b>Name</b>	<b>Title</b>	<b>Address</b>

# 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

*Jeffrey Carman*  
\_\_\_\_\_  
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: \_\_\_\_\_