3PVRO REGISTRATION FORM

(This form becomes a public record upon its filing)

For Official Use Only:

ID #: 3P _____

Check applicable box:

☐ Original ☐ Update /3P: _____

☐ Reactivation/prior 3P: _____ ☐ Termination /3P: _____

1. 3PVRO (name)	Phone
Permanent Address	_____/_____/ _____/_____/_____ street address city county state zip
Mailing Address (if different from above)	_____/_____/ _____/_____/_____ street address or p.o. box city county state zip
Email address	
2. Name of designated 3PVRO's Registered Agent in the State of Florida (Print)	Phone
Address (no p.o. box allowed)	_____/_____/ _____/_____/_____ street address city county state zip

3. Registered Agent's Acceptance

I accept the appointment as registered agent for this 3PVRO

X_____ Date _____

Signature of registered agent or authorized person signing for an organizational registered agent)

4. <u>Operations</u>

a. Counties in which the 3PVRO will operate:

☐ All counties;

☐ Specific counties of: _____

_____

b. General election cycle in which the 3PVRO is registering persons to vote:

_____

5. 3PVRO's officers (Attach separate page, if needed, to list more officers and provide the same information as requested below for each).

Name	Title	Address

3PVRO REGISTRATION FORM (CONTINUED)

6. 3PVRO's registration agents (*i.e.,* those individuals employed by the 3PVRO who collect voter registration applications from applicants on behalf of the 3PVRO). An **address** must include a street address, city, state, and zip code. (Attach separate page, if needed, to list additional 3PVRO registration agents and provide the same information as requested below for each.)

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. Affirmation.

Each person collecting or handling voter registration applications on behalf of the 3PVRO has not been convicted of a felony violation of the Election Code, a felony violation of an offense specified in s. 825.103, a felony offense specified in s. 98.0751(2)(b) or (c), or a felony offense specified in chapter 817, chapter 831, or chapter 837. *Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true.*

Signature:_____

8. Signature: I understand that the above-named 3PVRO is not considered registered and may not collect any voter registration application until the Division approves the registration and assigns the 3PVRO an identification number.

_____ _____ _____

Name and Title of Person Completing Form **Signature** **Date**

3PVRO REGISTRATION FORM (CONTINUED)
ADDITIONAL PAGE #_____ _____

6. (Continued) Listing of the 3PVRO's registration agents (*i.e.,* those individuals employed by the 3PVRO who collect voter registration applications from applicants on behalf of the 3PVRO). 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: _____