

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
MEMBER OF UNITED STATES SENATE OR
MEMBER, HOUSE OF REPRESENTATIVES

NOTICE: YOU MUST FILE THIS FORM WITH THE STATE BOARD OF ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

1. I am a candidate for **United States Senate** and hereby certify that I have been a citizen of the United States for at least nine years, a resident of the Commonwealth of Virginia, and at least thirty years of age, or will be, on or before the date of taking the oath of office. (Answer required, if applicable.) [] YES [] NO
- OR**
2. I am a candidate for **Member, House of Representatives** for Congressional District _____ and hereby certify that I have been a citizen of the United States for at least seven years, a resident of the Commonwealth of Virginia, and at least twenty-five years of age, or will be, on or before the date of taking the oath of office. (Answer required, if applicable.) [] YES [] NO
3. My legal residence is:
 [Residence address must be given; post office box or general delivery *is not* acceptable.]

 Street Number and Name, Box and Rural Route Numbers, or Highway Route Number

City/Town _____ ZIP _____

County or City of Residence: _____

4. I am registered to vote at the above address in the precinct in which I reside. [] YES [] NO
 [Or my application for registration, transfer, or change of address is on file in the general registrar's office.]
5. Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472) [] YES [] NO
6. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [] YES [] NO
7. If you answered **YES** to 5, give date of certificate restoring voting rights.
 If **YES** to 6, give date of court order restoring competency.

 Date of Restoration

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE BACK FOR REQUIREMENTS]		SOCIAL SECURITY NUMBER [SEE STATEMENT ON BACK]	
MAILING OR CAMPAIGN ADDRESS		ELECTION DATE (MM/DD/YYYY)	
		[CHECK ONE SQUARE BELOW]	
		<input type="checkbox"/> Democratic Primary	<input type="checkbox"/> General Election
		<input type="checkbox"/> Republican Primary	<input type="checkbox"/> Special Election
CAMPAIGN E-MAIL ADDRESS		(AREA CODE) HOME PHONE	
CAMPAIGN WEB ADDRESS		(AREA CODE) BUSINESS PHONE	

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE
 NOTARY SEAL/STAMP BELOW

 Signature of Candidate Date

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this _____ day of

_____, 20_____, by _____
Full Name of Candidate

My Commission Expires: _____
Signature of Notary OR Clerk of Circuit Court Notary Registration Number

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

How Candidate Names May Appear on the Ballot

Candidate names for all offices except President/Vice President must use these criteria:

Criteria		
First name or initial	First name or initial or familiar form of first name	
Middle name or initial	Middle name or initial or familiar form of middle name (Initials may be used in lieu of either the first or middle name or both)	
“Nickname” (optional)	Must be in double quotation marks, if used	
Last name	Last name as it appears on the candidate’s voter registration record	
Suffix	Must be used if included on the candidate’s voter registration record	
Notes		
Title: Do not include a title before or after the name. Examples of titles include: Rev., Dr., Mrs., Mr., etc.		
First or Middle Name: The first or middle name must be the candidate’s given name, not a spouse’s. EXAMPLE: Mary L. Jones not Mrs. John W. Jones		
Length: The full candidate name must fit on a single line of the ballot.		
Exceptions: If the candidate name cannot meet the above requirements because it will not fit on a single line or there is no middle name – or for any other reason – contact the Department of Elections for acceptable accommodations.		
Examples		
Candidate’s full name is Robert Eugene Williams, Jr. (<i>not all possible combinations are represented</i>)		
Robert Eugene Williams, Jr.	Robert E. Williams, Jr.	Robert Gene Williams, Jr.
Rob Eugene Williams, Jr.	Rob E. Williams, Jr.	Rob Gene Williams, Jr.
Robbie E. “Blue Jeans” Williams, Jr.	R. E. Williams, Jr.	R. E. “Blue Jeans” Williams, Jr.
President/Vice President		
Presidential and vice-presidential candidate names appear on the ballot as specified to the State Board by the nominating party or candidate.		

SOCIAL SECURITY NUMBER

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The General Registrar or Department of Elections, when copying this document for public inspection, must redact the social security number.

RETURN TO

Refer to the appropriate Candidate Bulletin for details on where, when and how to return this form.

FURTHER INFORMATION The Candidate Bulletin and forms required to be filed can be downloaded from our website: <http://elections.virginia.gov/>.

Should you have questions relating to your candidacy, please do not hesitate to call the Department of Elections.

(804) 864-8901 OR Toll-free: (800) 552-9745