

THIRD PARTY REGISTRATION DRIVE SWORN AFFIDAVIT*

This affidavit form provides the legally required Sworn Affidavit attesting that you will abide by all Virginia laws and rules regarding the registration of voters. Please be advised that criminal penalties may result from intentionally falsifying or misrepresenting material information on this form in violation of § 24.2-1016. ***Required if requesting over 25 voter registration applications; 200 maximum**

I, _____, state as follows:
(Print full name)

1. I am requesting voter registration applications from the Department of Elections or a local voter registration office for a voter registration drive (Check as applicable, limit 200):
 - None
 - For fewer than 100 applications, I should contact my local voter registration office
 - 100 applications
 - 200 applications
2. I am requesting these forms as (Check as applicable):
 - An individual; or
 - An agent on behalf of an organization: _____
(list organization)
3. I will abide by all Virginia laws and rules regarding the registration of voters, including (Please check all, to affirm each statement):
 - I will provide a completed *receipt* to all applicants for whom I take applications.
 - I will return all completed applications *no later than ten (10) days* after the applicant signs or the *close of registration* for the next election if sooner.
 - I will *not* mark, add, change, or delete any information on the Voter Registration Application, nor will I destroy, or dispose of the application in any way.
 - I will *not* copy, duplicate, or distribute any social security number on any application.
4. If I am acting on behalf of an organization, I will use my best efforts to ensure this organization will abide by all Virginia laws and rules regarding the registration of voters, which will include additional training and supervision of individuals working on behalf of my organization.
5. I have completed the Virginia Department of Elections certified training approved by the Virginia State Board of Elections. I understand this annual certification is valid until June 30th each year, at which time I must complete the training again in order to renew my certification.
6. I understand that criminal penalties may result from noncompliance, intentionally falsifying or misrepresenting material information.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Signature _____
Name (First, MI, Last) _____
Organization (If any) _____
Address (No PO boxes) _____
City/State/Zip Code _____
Telephone _____
Email Address _____
Date _____

If requesting applications, return completed form to:
Virginia Department of Elections, 1100 Bank Street, 1st Floor, Richmond, VA 23219-3497 or Fax (804) 371-0194