

**Requestor Information**

Name: Title:

Organization:

Address: City: State: Zip Code:

Phone: Email:

Distribution Information

Number of Applications Requested: Start Date: Return Date:

Counties where applications will be distributed: *(check all that apply)*

☐ Statewide	☐ Clark	☐ Esmeralda	☐ Lander	☐ Mineral	☐ Storey
☐ Carson City	☐ Douglas	☐ Eureka	☐ Lincoln	☐ Nye	☐ Washoe
☐ Churchill	☐ Elko	☐ Humboldt	☐ Lyon	☐ Pershing	☐ White Pine

Specific locations where applications will be distributed:

Certification of Requestor

I hereby certify under penalty of perjury that these voter registration applications will be distributed and used in compliance with the provisions of Nevada Revised Statutes and the Nevada Administrative Code. I understand that any person, either for himself or another, who: willfully gives false answers to questions relating to the required information on the voter registration application; willfully falsifies his registration application in particular; violates any of the provisions of the election laws of this state; or knowingly encourages another to violate such laws is guilty of a felony. I agree to return any unused applications.

If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete Box 14 on the Nevada Registration Application: your signature is required. FAILURE TO DO SO IS A FELONY.

Completed Voter Registration Applications left in the custody of the person or organization conducting the drive must be returned to the county clerk/registrar within ten (10) days or by the close of registration preceding the next election, whichever is sooner.

By signing below, I agree that I have read, understand, and will abide by all applicable regulations.

X _____ Date:

Signature

SOS Use Only

Number of applications issued: _____ Control numbers issued: _____

Official issuing applications: _____ Date issued: _____