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

FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM

Check applicable box: ☐ Original Registration   ☐ Update to Registration   ☐ Termination of Registration

1. Third Party Voter Registration Organization (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)

2. Designation of Organization's Registered Agent in the State of Florida (name):	Phone:

Address: (P.O. Box not permitted)	_____ (street address, city, county, state, zip code)

3. Registered Agent's Acceptance: I accept the appointment as registered agent for this organization:

_____   Date: _____
(Signature of registered agent or authorized person signing for an organizational registered agent)

4. Indicate the counties in which the third-party voter registration organization will operate:
   [   ] All counties;
   [   ] Specific counties of: _____
_____
_____
_____

5. Listing of the third-party voter registration organization's officers:

Name	Title	Address

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   **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: _____