

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

# FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM

<p><b>For Official Use Only:</b></p> <p>ID #: 3P _____</p>
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Check applicable box:  Original Registration     Update to Registration     Termination of Registration

<b>1. Third Party Voter Registration Organization</b> (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)	
<b>2. Designation of Organization's Registered Agent in the State of Florida</b> (name):		Phone:
Address: (P.O. Box not permitted)	_____	
	(street address, city, county, state, zip code)	
<b>3. Registered Agent's Acceptance:</b> I accept the appointment as registered agent for this organization:		
_____		Date: _____
(Signature of registered agent or authorized person signing for an organizational registered agent)		
<b>4. Indicate the counties in which the third-party voter registration organization will operate:</b>		
<input type="checkbox"/> All counties;		
<input type="checkbox"/> Specific counties of: _____		
_____		
_____		
_____		
<b>5. Listing of the third-party voter registration organization's officers:</b>		
<b>Name</b>	<b>Title</b>	<b>Address</b>

# FLORIDA THIRD-PARTY VOTER REGISTRATION ORGANIZATION REGISTRATION FORM (CONTINUED)

**6. Listing of the third-party voter registration organization's registration agents** (*i.e.*, those individuals employed by, or volunteers of, the organization who solicit for collection or 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.

**IMPORTANT:** A registration agent must complete and sign the Registration Agent's Sworn Statement, Form DS-DE 120, before soliciting for collection or collecting any voter registration application on behalf of the organization.

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 registration agents**, use or copy the next page of this form 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 solicit for collection or collect any 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 registration agents** (*i.e.*, those individuals employed by, or volunteers of, the organization who solicit for collection or 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: \_\_\_\_\_