


Voter Registration Drive Statement of Intent & Training Acknowledgement

VRD	1	_____	_____		
		VRD Organization Name	Previous VRD Number (if applicable)		
Organizer Information	2	_____	_____	_____	_____
		Last Name	First Name	Middle Name	Suffix
		_____	_____	_____	_____
		Address	*City or Town	State	Zip Code
		_____	_____		
		Phone number	Email		
Organizer Mailing Address	3	<input type="checkbox"/> Same as above			
		_____	_____	_____	_____
		Address	City or Town	State	Zip Code
Agent Information <small>The Agent must be a Colorado resident</small>	4	<input type="checkbox"/> Same as organizer			
		_____	_____		
		Last Name	First Name		
		_____	_____	_____	_____
		Address	City or Town	State	Zip Code
Online VRD <small>The Organizer may request access to this tool.</small>	5	Online VRD is a tool for VRD's to link to the Secretary of State's voter registration website to register voters online and view a daily report of online registrations submitted by the VRD. Please view the tool description at: http://www.sos.state.co.us/pubs/elections/VoterRegDrive/files/OnlineVRDBrochure.pdf			
		<input type="checkbox"/> Check here to request access			
Training <small>The Organizer must acknowledge the following by checking each box</small>	6	<input type="checkbox"/> I have completed the Colorado Secretary of State required Voter Registration Drive (VRD) Training.			
		<input type="checkbox"/> I have passed the Colorado Secretary of State required VRD Training with a score of 100 percent.			
		<input type="checkbox"/> I will ensure that all VRD circulators are trained on C.R.S. 1-2-701 et seq. prior to circulating voter registration forms.			
		<input type="checkbox"/> I understand that if circulators are paid, the VRD organization may pay by the hour or day, or event worked, and not by the number of voter registration forms turned in or collected.			
		<input type="checkbox"/> I am aware of and understand all penalties in the law relating to VRDs including, intimidation, mishandling forms, failing to turn in forms, and misuse of confidential voter information.			
		<input type="checkbox"/> I have reviewed how registrants and circulators must complete the VRD form and will ensure that this is emphasized when training circulators.			
		<input type="checkbox"/> I have had the opportunity to contact the Secretary of State's Office with questions regarding VRDs.			
<input type="checkbox"/> I will assign each VRD circulator with a unique identification number.					
Affirmation 	7	I hereby solemnly affirm under penalty of perjury that I meet all qualifications. Furthermore, I certify that the information provided on this form is, to the best of my knowledge, true and correct. I understand that prior to conducting a Voter Registration Drive in Colorado, I must successfully complete the Secretary of State Training Program and Test, complete a Statement of Intent & Training Acknowledgement, and I must train all persons participating in the Voter Registration Drive.			
		_____	_____	_____	_____
		Organizer Signature	* Date	Organizer Printed Name	Date
Submit for Processing	8	Please scan and email, fax, or mail to:			
		Colorado Secretary of State 1700 Broadway, Suite 200 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: vrd@sos.state.co.us			

For office use only:	VRD# issued:	Date issued:	Issued by:
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