

# Candidate Petition Registration Form

*Office Use Only:*

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

A licensed petition entity must complete this form prior to circulating any candidate petition. Complete, sign, and return this form with the required attachment to the Colorado Secretary of State.

Please type or print.

## Registration Type

Please select one of the following:

New Registration

Amend Current Registration

## Contact Information

### Petition Entity Name

Current Name

### Petition Entity Address

Street Address

Apt/Unit

City

State

Zip Code

### Petition Entity Telephone & Email Address

Phone Number

Email Address

### Petition Entity Designated Agent

First Name

Last Name

## Candidate Information

### List the petition to be circulated

Candidate or candidate committee name

## Signature

### Applicant's Affirmation

I affirm under penalty of perjury that the above information is true and complete and that I will notify the Colorado Secretary of State within twenty days of any change in the information submitted above (including any additional initiatives to be circulated).

\_\_\_\_\_  
Signature (Petition Entity Designated Agent)

\_\_\_\_\_  
Date

Mail, fax, or scan and email the signed form to:



Colorado Secretary of State  
1700 Broadway, Suite 200  
Denver, Colorado 80290  
Phone: (303) 894-2200  
Fax: (303) 869-4861  
Email: [ballot.access@sos.state.co.us](mailto:ballot.access@sos.state.co.us)