



Application for Special Registration Deputy Appointment

SRD Identification Number _____

Expiration Date _____

The individual named below requests appointment as a Special Registration Deputy for the _____ of _____, _____, WI for
(Insert "Town," "Village" or "City") (Insert name of municipality) (Insert name of county)
the election cycle ending December 31st of _____.
(Insert next or current even year)

for the purpose of registering voters prior to the close of registration. This prospective appointment will be valid for election events through the end of the current election cycle.

Certification

I agree to attend a training session conducted by the appointing authority, and to follow the procedures established by the Government Accountability Board – Elections Division and/or the appointing authority. I agree to print and sign my name and record my Special Registration Deputy Identification Number on all voter registration applications I collect. I certify that:

- I am a U.S. Citizen;
- I am age 18 or older;
- I have lived in Wisconsin for at least 28 consecutive days with no present intent to move;
- I am not in Wisconsin for temporary purposes only (except as permitted by Wis. Stat. § 6.10);
- I have not been convicted of a felony for which I am not pardoned; and
- I am not otherwise disqualified to vote in Wisconsin.

(signature of applicant)

(date of application)

Applicant information:			
Last Name (please print)	First Name	Middle Initial	Date of Birth
Street and number	City, WI		Zip code
Telephone number	Email address		
Organization affiliation (if applicable)	Contact for Organization (name, phone, email address)		

(for office use only)

Appointment approval/disapproval	
Date of appointment or date non-appointment determined	Reason for non-appointment
Signature of appointing authority	Title of appointing authority