		ARK	CANS	SAS	VOT	ER R	REG	IS	TR/	lΤ	ON A	PP	LIC	7	TI	ON	
	This is a	new regist	ige.	Office Us	e Only												
		n address o party chan							Ass	signed	ID						
_	Mr. Mrs.	Last Name	е	•			Jr.	Sr.	First Name	9					Midd	lle Nam	ne
1	Miss Ms.						11. 111.										
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)				Apt. or	Lot#	_ot# City/Town County St			State	ZIP Code						
3	Address Where You Receive Mail If Different From Above				Apt. or	Lot#	City/Town			County			State	ZIP Code			
4	Date of Birth/						Nork Phone Numbers (Optional) (W)  Representation (Continue)				Optional)						
7	E-mail Address (Optional)						8	Have yo	u ever	voted in a fede	eral elect	ion in t	this S	State?	☐ Ye	s 🗌 No	
								Sigr	nature of e	elector	- Please sign f	ull name	or pu	t mar	rk.		¬
	ID Number - Check the applicable box and provide the appropriate number.  Arkansas Driver's license number																
9	☐ If you do not have a driver's license provide the last 4 digits of social security number						ľ										
	☐ I have neither a driver's license nor social security number.															t claim the right	
	(A) Are you a citizen of the United States of America and an Arkansas resident?  ☐ Yes ☐ No (B) Will you be eighteen (18) years of age or older on or before election day?  ☐ Yes ☐ No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction?  ☐ Yes ☐ No (D) Have you ever been convicted of a felony without your sentence having been														ay be subject to difederal laws.		
						•	a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.  Date: / /										
10								Month Day Year  If applicant is unable to sign his/her name, provide name, address ar						ess and phone			
	disc	harged or pa	ardoned?	d of a felony	/ without your	sentence navin	ig been	number of the person providing assistance:									
	_	/es ☐ No checked No i		either ques	tions A or B, c	lo not complete	this form.										
	If you c	hecked Yes	in response to	either ques	tions C or D,	do not complete	this form.		City:			_State:_	P	hone	e#:		
	Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D.																
Ple	ase o	comple	ete the	section	ns belo	w if:		M	AIL RI	EGIS	STRANTS	S: PL	EAS	E S	SEE	SEC	CTION D.
		•				w if:	tate, o		AIL RI	EGIS	STRANTS Agency C						CTION D.
• You	u were	previou	usly regist	tered in	another o			-		EGIS							CTION D.
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Arkansas Secretary of State P.O. BOX 8111 Little Rock, Arkansas 72203-8111

Postage Required
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From:

## **Deadline Information**

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.* 

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

## To Mail

Fold form on middle perforation, remove plastic strip, seal at bottom, stamp and mail.

Questions?
Call your local County Clerk
or
Arkansas Secretary of State
Mark Martin
Elections Division – Voter Services
1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.