


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 (if also Agent please include Colorado residential address in Section 4)		_____ City or Town	_____ State	_____ Zip Code
		_____ Phone number	_____ Email			
Organizer Mailing Address	3	Same as above				
		_____ Mailing Address (if different from above)		_____ City or Town	_____ State	_____ Zip Code
Agent Information The Agent must be a Colorado resident	4	Same as organizer	_____ Last Name	_____ First Name		_____ CO
		_____ Residential Address of Agent		_____ City or Town	_____ State	_____ Zip Code
Online VRD The Organizer may request access to the OLVRD reporting tool.	5	Online VRD is a tool for VRD's to link to the Secretary of State's voter registration website to register voters online. Once approved you will receive a unique VRD URL for OnLine VRD (OLVRD). For access to view a daily report of online registrations submitted through your unique VRD URL please check the box below. <input type="checkbox"/> Check here to request access				
Acknowledge The Organizer must acknowledge the following by checking each box.	6	<input type="checkbox"/> I intend to operate this VRD within the State of Colorado. <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. <input type="checkbox"/> I understand that the VRD number issued will expire at the end of the calendar year.				
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 Acknowledgment, 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 550 Denver, Colorado 80290 Phone: (303) 894-2200 Fax: (303) 869-4861 Email: vrd@coloradosos.gov				

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