

Candidate, Recall, and Minor Party Creation Petition Registration Form

A licensed petition entity must complete this form prior to circulating any candidate, recall, or minor party creation petition. Complete, sign, and return this form to the Colorado Secretary of State's office.

Handwritten forms not accepted.

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

Petition Information

List the petition to be circulated

Candidate OR candidate committee,
recall committee, or minor party 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 or scan and email the signed form to:



Colorado Secretary of State
1700 Broadway, Suite 550
Denver, Colorado 80290
Phone: (303) 894-2200
Fax: (303) 869-4861
Email: ballot.access@coloradosos.gov