	ARKANSAS VOTER	RI	EGI	311	łΑ	FION /	(PP	Ш	CA	TIC	N			
	k all that apply: This is a new registration. This is a name change.	Use Only	У			nd heritat de comità dessuali ne esta tradición de comita de comita de comita de comita de comita de comita de					ertember (insulation) frank in liberge est in international properties (in the first controlled			
	This is an address change. This is a party change.					Assig	ned ID							
-	Mr. Last Name Mrs. Miss Ms.	Jr. Sr. First f					Name				Middle Name			
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or L	ot # Cit	y/Town		County	***************************************	กระกระเพื่อกระการบำนายอย่างกระกรคก	State	Zip Code			
3	Address Where You Receive Mail If Different From Above		Apt. or L	ot # Cit	y/Town		County			State	Zip Code			
4	Date of Birth//	200	lome & W	ork Phor	e Num	bers (Optional) (W)		6	Party A	\ \ffiliation	(Optional)			
7	E-mail Address (Optional)				8 Have you ever voted in a federal election in									
9	ID Number - Check the applicable box and provide the appropriate number. Arkansas Driver's license number If you do not have a driver's license provide the last 4 digits of social security number I have neither a driver's license nor social security number. (A) Are you a citizen of the United States of America and an Arkansas resident? Yes No The information I have provided is true to the best of my knowledge. I do not claim the rig to vote in another county or state. If I have provided false information, I may be subject													
10	☐ Yes ☐ No (C) Are you presently adjudged mentally incompetent by a court of competent juris				a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal la Date:						nd federal laws.			
Please complete the sections below if: MAIL REGISTRANTS: PLEASE SEE SECTION D. Agency Code (For Official Use Only) You wish to change the name or address on your current registration.														
Α	Mr. Previous Last Name Mrs. Miss Ms.	de d	account of the second of	rst Name				P	Middle N	ame(s)				
Date of Birth / /														
В	Month Day Year Previous House Number and Street Name	Apt.	Apt.or Lot # City or Town				State			Zip Code				
If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.														
C	• Grocery Store			ктн 4	D	IMPORTANT: form is submithe first time, driver's lice number, in corequirements must submit v	tted by mand you and you be ense on the ense of the en	vote nail ar do no umbe void t voting maile	r regis nd you of have er or he add I for the	tration are reg a valid social itional i	application gistering for Arkansas security dentification t time you form: (a) a			
, F3. ·	Woodchuck Road	7 -			-	current and vo								

that shows your name and address.

Arkansas Secretary of State P. O. Box 8111 Little Rock, Arkansas 72203-8111

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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.