Commonwealth of Virginia

CERTIFICATE OF CANDIDATE QUALIFICATION
LOCAL OFFICES

NOTICE: **YOU MUST FILE THIS FORM WITH THE GENERAL REGISTRAR BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.**

Pursuant to § 24.2-501 of the *Code of Virginia*, I hereby certify that:

1. I am a citizen of the United States. [ ] YES [ ] NO
2. I am at least eighteen years of age or will be on or before the date of the election for the office I am seeking. [ ] YES [ ] NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking. [ ] YES [ ] NO
4. I now reside at the address shown below in the *county or city and, if applicable, district in which I seek office [residence address must be given; post office box or general delivery is **not** acceptable]:

   _____
   STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

   City/Town _____ ZIP _____
5. I am registered to vote at the above address in the precinct in which I reside. [ ] YES [ ] NO
   [or if not and registration books are closed, my application for registration, transfer, or change of address is on file in the general registrar's office for processing when books re-open]
6. Have you ever been convicted of a felony? [ ] YES [ ] NO
7. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [ ] YES [ ] NO
8. If you answered **YES** to 6, give date of certificate restoring voting rights.
   If **YES** to 7, give date of court order restoring competency.
   _____
   DATE OF RESTORATION
9. I am an attorney admitted to the bar of the Commonwealth. [ ] YES [ ] NO
   [answer only if seeking office of Commonwealth's Attorney]

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:		OFFICE SOUGHT	
YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]		DISTRICT IF APPLICABLE	
MAILING OR CAMPAIGN ADDRESS		YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]	
		ELECTION DATE (MM/DD/YYYY)	
		CHECK ONE	❑ Republican Primary ❑ Special Election ❑ Democratic Primary ❑ General Election
E-MAIL ADDRESS		(AREA CODE) HOME TELEPHONE	
WEB ADDRESS		(AREA CODE) BUSINESS TELEPHONE	

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE NOTARY SEAL/STAMP BELOW

_____ SIGNATURE OF CANDIDATE _____ DATE

State of _____ County/City of _____

The foregoing instrument was subscribed and sworn before me this _____ day of

_____, 20 ____, by _____.
PRINT NAME OF CANDIDATE

_____ SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT _____ NOTARY REGISTRATION NUMBER _____ DATE NOTARY COMMISSION EXPIRES

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW. THE PUNISHMENT IS A MAXIMUM FINE OF $2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

*See *§15.2-1525* of the *Code of Virginia* for certain exceptions to residence requirements for Commonwealth's Attorneys.

SEE INSTRUCTIONS ON REVERSE SIDE

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names. If your name exceeds 25 spaces, contact the State Board of Elections to make appropriate accommodations to meet the criteria established by the Board.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.
EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name or initial or familiar form of first name (see example below)
Middle name or initial or familiar form of middle name
Nickname should be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

If your name exceeds 25 spaces, contact the State Board of Elections. That office will determine what combination of the first name or initial, middle name or initial, nickname, and last name can appear on the ballot.

Examples:
The candidate's full legal name is **Thomas Wendell Smyth III.** The following options are available:

- Tom W. Smyth III (Tom is a familiar, commonly used, form of Thomas)
- T. Wendell Smyth III
- Thomas W. Smyth III
- Thomas Wendell Smyth III
- Thomas W. "Tom" Smyth III
- T. W. "Tom" Smyth III
- T. W. "Spanky" Smyth III
- T. W. Smyth III

Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname **OR** if the State Board of Elections determines initials must be used in order for some form of your full legal name to fit on the ballot.

SOCIAL SECURITY NUMBER:
Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The General Registrar, when copying this document for public inspection, must cover your social security number.

RETURN TO:

The office of the *General Registrar* of the county or city in which you, the candidate, live. Postmarks are acceptable only if the form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by the General Registrar or the State Board of Elections.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *General Registrar* **by the filing deadline established for the election** may mean your name will not appear on ballots for the local office you are seeking.

DEADLINE FOR RECEIPT OF FORM BY GENERAL REGISTRAR: Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

http://www.sbe.virginia.gov

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 864-8901 **OR** Toll-free: (800) 552-9745