APPLICATION FOR NOMINATION PAPERS
STATE OF HAWAII

The information contained on this form will be released to the public with the exception of the Social Security Number, Date of Birth, and Residence Address Number.

Type or print all information in black ink. Failure to print legibly or to complete all requested items may prevent acceptance of application.

SECTION I: CANDIDATE INFORMATION

1. Social Security Number:	2. Date of Birth:	3. Contact Telephone Number:	4. Gender: ❒ Male ❒ Female
5. Any Felony Conviction: ❒ Yes ❒ No		6. Indigent: ❒ Yes ❒ No	
7. Legal Name: Last, First, Middle Initial(s)		8. Name Commonly Known As (if different from legal name)	
9. Legal Residence Address: House Number, Street, Apartment		City:	Zip Code:
10. If no Street Address, Describe Location of Residence:			
11. Mailing Address (if different from Item 10; Hawaii address only)		City:	Zip Code:
12. E-Mail Address:		13. Internet Web Address:	

14. Read the following and check "Yes" or "No":

I am a citizen of the United State of America ..... ❒ Yes ❒ No

I am a resident of the State of Hawaii ..... ❒ Yes ❒ No

I am a registered voter of the State of Hawaii ..... ❒ Yes ❒ No

SECTION II: CONTEST INFORMATION

15. Contest Title (Enter One Contest Only):		16. Jurisdiction or District (Enter One District Only):	
17. Party Affiliation or Nonpartisan:	18. Party Member? ❒ Yes ❒ No	19. Name of Contact Person:	
20. Relation of Contact Person:		21. Contact Person's Telephone Number:	

22. The information provided in Sections I and II herein is true and correct and I hereby authorize the Chief Election Officer and/or the City/County Clerk to verify the above information.

Applicant Signature: Date:

SECTION III: FOR OFFICE USE ONLY. CANDIDATES DO NOT WRITE BELOW THIS LINE.

Issued the following to the candidate:

❒ Nomination Papers ❒ Manual ❒ Ethics Commission ❒ Campaign Spending ❒ Web Guide

Registration Status Verified: ❒ Yes ❒ No	District/Precinct:	CJIS Verified:	Candidate Profile Signed: ❒ Yes ❒ No
Contest Code (office-district-party):	Date and Time Issued:	Issued By:	Location:

Ballot Name (27 spaces):

I certify that the above name is correct. _____ (Initial by Candidate)

Map Number(s) Issued:	Date and Time Filed:	Received By:	Location:
Affidavit of Compliance Filed: ❒ Yes ❒ No	Filing Amount Received:	Receipt Number:	Entered in CF Program:

Comments:

Note: State and County Candidates are required to provide their Social Security Number (see HRS §11-15, the Hawaii State Constitution, and the County Charters). Federal candidates are not required by law to provide such information. Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-579). Be advised that Social Security information may be released to governmental agencies for governmental purposes.