

Voter Registration Agency Training



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An Overview of the National Voter Registration Act

Legislation concerning voter registration outreach has been considered by Congress since the 1970s. These considerations were refined over the years, and finally, on May 20, 1993, President Bill Clinton signed the National Voter Registration Act into law.

Implementation procedures and funding were passed by the Arkansas Legislature in 1995, and NVRA went into effect on January 1, 1996. Your Secretary of State's office was designated by the Arkansas General Assembly as the coordinator for the implementation of NVRA.

Goals & Objectives of the National Voter Registration Act

- To increase the number of voters.
- To ensure that accurate and current voter registration rolls are maintained.
- To enhance the participation of eligible voters.
- To increase the number of registration sites available.
- To require uniform procedures to remove names of ineligible voters.
- To ensure an individual's right to vote through "fail-safe" guidelines.

REQUIREMENTS OF AGENCIES

- **All public assistance agencies including the Office of Driver Services of the State Revenue Office and public libraries shall distribute mail voter registration applications, provide assistance to applicants if requested and accept completed voter registration forms for transmittal to the appropriate permanent registrar via the Secretary of State.**
- **The Office of Driver Services shall provide voter registration opportunities to those obtaining or renewing drivers license, personal identification cards, duplicate or corrected licenses or cards or changing name or address.**
- **The Office of Drivers Services shall use a computer process which combines the driver license and voter registration applications.**

TRAINING

- **Each revenue office, public assistance agency and disabilities agency shall provide ongoing training for employees who will be assisting persons with voter registration applications and provide information on training procedures in the report filed with the Secretary of State.**
- **All offices are required to post signs telling members of the public they can register to vote at that office.**
- **Employees of the Office of Driver Services and State Revenue Offices shall provide appropriate nonpartisan voter registration assistance and provide all applicants with a receipt containing the applicant's name and date of submission.**



Register to Vote Here!

New to Arkansas? Moved across town or to another county? Has your name changed?

Complete one form to update your voter information!

A MESSAGE FROM SECRETARY OF STATE MARK MARTIN



www.sos.arkansas.gov

Requirements to Vote in Arkansas

- **The client must be a citizen of the United States and an Arkansas resident.**
- **The client must be 18 years of age on or before election day.**
- **The client must not be adjudged mentally incompetent by a court of competent jurisdiction.**
- **The client must not have been convicted of a felony without his or her sentence having been discharged or pardoned.**
- **The client must not claim the right to vote in another county or state.**

Voter Qualification Q & A

Q. What if the client is not sure if he/she is eligible to register to vote in Arkansas?

A. Review the eligibility requirements with the client. If he/she still has questions, refer the client to the Elections Division of the Secretary of State's office at 1-800-482-1127.

Voter Qualification Q & A

Q. Who is an Arkansas Resident?

A. An Arkansas resident generally is a person who lives and works in Arkansas. The person might be living and working here temporarily, but can be a resident after having lived here 30 days.

Q. How soon may a new Arkansas resident vote?

A. A new resident must have MOVED HERE 31 calendar days prior to an election and must have APPLIED TO REGISTER to vote 30 calendar days prior to an election to be able to vote in that election.

FORMS SECTION

Agency Based Declaration Statement

STATE OF ARKANSAS AGENCY-BASED DECLARATION STATEMENT

Client Name: _____ Date: _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES, I want to apply to register to vote.

NO, I do not want to apply to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at the State Capitol, Little Rock, AR 72201-1094 or call 1-800-482-1127 (TDD 1-800-262-4704).

If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.

If you do register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.

Comments:

Signature _____

(not a requirement
for libraries)

Declaration Form Highlights

Ask the client, “If you are not registered to vote where you live now, would you like to apply to register to vote here today?”

If the client DOES NOT want to apply to register, print his/her name and the date at the top of the form. Ask him/her to check the “NO” box and sign the form at the bottom.

If the client refuses to sign the form or is unable to sign, print his/her name on the “SIGNATURE” line and make a note of this in the “COMMENTS” section.

If the client DOES want to apply to register, move immediately to the VOTER REGISTRATION APPLICATION. It is not necessary to fill out a Declaration Form in addition to an application.

Remember These Important Points

Your client's response to this form does not affect the amount of assistance that will be provided by your agency.

Your client's decision to apply to register to vote or not is confidential.

The location of your client's application site is confidential.

Remember These Important Points

Your client may contact the Secretary of State's office if he/she feels that any rights have been interfered with. The 1-800 number is listed on the form.

You do not determine the eligibility of your client to register to vote — the county clerk does.

You must retain this form for 24 months (Amendment 51, Section 5).

Arkansas Voter Registration Application

PLEASE PRINT AND USE BLACK INK TO COMPLETE

Rev. 6/09

ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.		Office Use Only		Assigned ID	
1	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
2	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot #	City/Town	County State Zip Code
3	Address Where You Receive Mail If Different From Above		Apt. or Lot #	City/Town	County State Zip Code
4	Date of Birth Month / Day / Year		5	Home & Work Phone Numbers (Optional) (H) (W)	
7	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Driver's license number <input type="checkbox"/> If you do not have a driver's license provide the last 4 digits of social security number. <input type="checkbox"/> I have neither a driver's license nor social security number.		8	Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of elector - Please sign full name or put mark.	
9	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked No in response to either questions A or B, do not complete this form. If you checked Yes in response to either questions C or D, do not complete this form.		The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.		
10	If applicant is unable to sign his/her name, provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____		Date: _____ Month / Day / Year		

Please complete the sections below if: *MAIL REGISTRANTS: PLEASE SEE SECTION D.*

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

A	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name(s)
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Date of Birth _____
Month / Day / Year

B	Previous House Number and Street Name	Apt. or Lot #	City or Town	State	Zip Code
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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	• Write in the names of the crossroads (or streets) nearest where you live. • Draw an "X" to show where you live. • Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.	IDENTIFICATION REQUIREMENTS IMPORTANT: If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a valid driver's license number or social security number, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: (a) a current and valid photo identification; or (b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.
Example	• Grocery Store Woodchuck Road • Public School X	NORTH ↑

Application Highlights

- **Indicate a choice in the upper left hand corner of the application under “Check all that apply.”**
- **Do not write anything in the “Office Use Only” or “Assigned ID” boxes.**
- **CIRCLE the appropriate name or prefix or suffix on Section 1.**

- **You MUST fill out Section 2 (residence address) so that the County Clerk may assign the proper precinct.**

◇ If your address is rural (i.e. a Route and Box number), go to Section C at the bottom of the first form. This will allow you to provide additional information to your County Clerk about the location of your home so you will be registered in the proper precinct.

- **You should indicate a P.O. Box or a mailing address different from your residence address on Section 3 if that applies. Otherwise, you may leave Line 3 blank.**
- **Please indicate your date of birth in Section 4.**
- **Sections 5 and 6 are optional. All or any of this information would be helpful to have, but the information is not required.**

- **Provide driver's license number or last 4 digits of Social Security number in Section 7. If you do not have a driver's license or Social Security number, you may be required to provide additional information described in Section D upon voting for the first time.**

- **Please indicate if you have ever voted in a federal election in the state of Arkansas in Section 8.**
- **If you checked No to either question A or B in Section 9, do not complete this form. If you checked Yes in response to questions C or D in Section 9, do not complete this form.**

You MUST sign the form in the signature box of Section 8. If you are unable to sign the form or provide a mark, someone may sign for you. If you choose someone to provide a mark for you, that person MUST provide his or her name, address and phone number in Section 10.

If you are changing your name or address, you must fill out Section A and Section B on the bottom half of the form to provide your previous name or address.

- **Section C is provided so that you may map the location of your residence if it is rural.**

Voter registration applications to SOS

All state agencies providing voter registration shall transmit all completed voter registration applications to the Secretary of State in sufficient time to allow the Secretary of State to transmit the applications to the appropriate permanent register. When applications are accepted within five days before the last day of registration for an election, they must be transmitted no later than five days after the date of acceptance at the assisting agency.

Agency Based Monthly Reporting Form



Arkansas Secretary of State
 Voter Registration Site Monthly Reporting Form

Elections Division

Voter Services

Voter Registration

1-501-682-1686

P.O. Box 8111

1-800-247-3312

Little Rock, Arkansas 72205-8111

Mark Martin, Secretary of State

Remember to put your AGENCY CODE on all Voter Registration Applications

Please send completed APPLICATIONS to Secretary of State DAILY. Retain all Declination Forms for 24 months. Send original of this form to the Secretary of State.

You must retain the yellow copy for your records for 24 Months.

Agency: _____ Agency Code: _____ Month/Year: _____

Address: _____ Street _____ City _____

_____ ZIP Code _____ County _____

_____ Agency Contact _____ Telephone Number _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Number of VR Applications								
Number of Declinations								

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Number of VR Applications								
Number of Declinations								

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Number of VR Applications								
Number of Declinations								

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Number of VR Applications								
Number of Declinations								

Week 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Date								
Number of VR Applications								
Number of Declinations								

Rev. 1/1/11

New Applications for Service Agency Grand Total

Number of VR Applications Grand Total

Declination Grand Total

Agency Daily Recap Reporting Form Highlights

- **This is a NCR 2-part form. You will send the top part of the form to the Secretary of State's office monthly and retain the bottom copy for your office for 24 months.**
- **Fill in all requested information concerning your office and its location.**

- **Fill in the “date” field.**
- **Record the number of clients who have applied for service.**
- **Record the “Number of Declinations” you have received — this is the number of Declaration forms upon which your clients indicated “NO, I do not want to apply to register to vote.” (In other words, your client is “declining” to apply.**

- **Record the “Number of Completed Voter Registration Applications Enclosed.”**
- **Only one monthly recap form should be sent by your office at the end of the month with the applications. Each agency may establish its own internal procedure for compiling the necessary information and submitting it to the Secretary of State.**

Send the Recap Form and the Applications to:

Secretary of State

ATTN: Voter Registration

P.O. Box 8111

Little Rock, Arkansas 72203-8111

Form Questions & Answers

Q. What if the client refuses to sign the Voter Registration Application Form?

A. Encourage your client to sign the form. If he/she still refuses, send the incomplete form to the Secretary of State's office. The incomplete application will be dealt with at the local level by the County Clerk.

A. (cont.) The Voter Registration Application form MUST be signed to be valid because the client must swear/affirm that all information on the form is true to the best of his/her knowledge.

Q. What name should a person use on the forms?

A. The client should always use his/her full legal name.



Q. What agency code should be placed on the forms?

A. This manual provides a listing of agency codes. Find the code for your agency and place it on each application filled out in your office.

Q. If a client wishes to take an application with him/her, do I place the Agency Code on the form?

A. This is not required.

Q. What do I do with the daily Recap Reporting Forms?

A. Send the top copy MONTHLY, along with any remaining Voter Registration Applications, to the Arkansas Secretary of State's office. Retain the bottom copy in your office for 24 months.

Q. What if the client is already registered to vote but needs to change his/her name or address?

A. He/she must fill out the top part of the Voter Registration Application *AND* Box A or Box B on the bottom half of the form, depending on what type of change is being made.

**PROCEDURE
REVIEW
SECTION**

The Application Process

The Client either applies or re-certifies for services, or wishes to change his/her name or address.

Ask the client if he or she would like register to vote today.

**YES, I would like to apply to register
to vote.**

Give the client the Voter Registration Application.

The applicant may fill out the form at your agency or he/she may take it home to fill out and send it in to the Secretary of State's office directly.

If the applicant needs assistance, provide whatever level of assistance you would normally provide.

Make sure the application is fully completed, and then place the agency's code in the proper place.

**Send the completed applications *weekly*
to the Secretary of State's office.**

**Send the completed Agency Based
Monthly Reporting Form to the Secretary
of State's office at the end of each month.**

Submit a report to the Legislative Council every 6 months.

The client DOES NOT want to apply

Print the client's name and the date at the top of a Declaration form. Ask the client to mark "NO" on the form and to sign it at the bottom.

If the client refuses to sign the Declaration form, print the client's name and write "REFUSED TO SIGN" in the "Comments" section.

After the Declaration Form is signed, store it in its designated place.



Keep Declaration Forms for 24 months.

Agency Codes

FDA01 - DF&A

DIS05 - AR REHABILITATION SERVICES

DIS02 - SCHOOL FOR THE BLIND

DIS03 - SCHOOL FOR THE DEAF

DIS04 - AR SPINAL CORD COMMISSION

DIS01 - DEVELOPMENTAL DISABILITIES SERVICES

DIS06 - DIVISION OF MENTAL HEALTH

DIS07 - DIVISION OF SERVICES FOR THE BLIND

DIS08 - LIBRARY FOR THE BLIND

DIS09 - CHILDREN & MEDICAL SERVICES

DMV01 - DEPT. OF MOTOR VEHICLES (With License)

DMW02 - DEPT. OF MOTOR VEHICLES (W/O License)

LIB01 - ARKANSAS PUBLIC LIBRARIES

LIB02 - AR STATE LIBRARY

MAI01 - MAIL

MAI02 - MAIL IN APPLICATION W/ ID

MAL01- MAIL IN APPLICATIONS W/O ID

MIL01 - ARMED FORCES RECRUITMENT OFFICES

MIL02 - AR NATIONAL GUARD

PA01 - WOMEN INFANTS & CHILDREN

PA02 - AID TO FAMILIES W/DEPENDENT CHILDREN

PA03 - MEDICAID

PA04 - FOOD STAMP PROGRAM

PA05 - DIVISION OF CHILDREN & FAMILY SERVICES

VRD01 - REGISTRATION DRIVES

WAL01 - COUNTY CLERK WALK-INS

WF01- Arkansas Workforce Education / Services

JC01- Job Corp

Any Questions?