APPLICATION FOR A NOMINATION PAPER
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. If no Mailing Address is provided Residence Address will be released to the public.

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. LEGAL NAME: LAST, FIRST, MIDDLE NAME or INITIAL(S)
3. DATE OF BIRTH:	4. NAME COMMONLY KNOWN AS (IF DIFFERENT FROM LEGAL NAME):

5. LEGAL RESIDENCE ADDRESS IN HAWAII: HOUSE NUMBER, STREET, APARTMENT	CITY:	ZIP CODE:
6. IF NO STREET ADDRESS, DESCRIBE LOCATION OF RESIDENCE:		
7. MAILING ADDRESS:	CITY:	ZIP CODE:

8. CONTACT TELEPHONE NUMBER:	9. EMAIL ADDRESS:	10. WEBSITE:

11. GENDER:	12. FELONY CONVICTION:	13. INDIGENT:	14. READ THE FOLLOWING AND CHECK "YES" OR "NO":		
❑ FEMALE	❑ YES	❑ YES	I AM A CITIZEN OF THE UNITED STATES OF AMERICA	❑ YES	❑ NO
❑ MALE	❑ NO	❑ 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 (OFFICE):	16. ELECTORAL JURISDICTION (STATE OR COUNTY OR DISTRICT):	17. POLITICAL PARTY OR NONPARTISAN:	18. PARTY MEMBER: ❑ YES ❑ NO

19. CONTACT PERSON:	20. RELATION OF CONTACT PERSON:	21. CONTACT PERSON'S TELEPHONE NUMBER:

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'S SIGNATURE: DATE:

SECTION III: FOR OFFICE USE ONLY

ISSUED BY:	DATE & TIME:	LOCATION:	FILED BY:	DATE & TIME:	LOCATION:

CJIS VERIFIED: ❑ FELONY ❑ NO FELONY	REGISTRATION STATUS VERIFIED: DISTRICT:	CONG:	SENT:	COUNCIL:	PHOENIX PROOF: INITIALS:	CSC AFFIDAVIT FILED: ❑ YES ❑ NO	FILING AMOUNT RECEIVED:	RECEIPT NUMBER:

BALLOT NAME:

Ballot name, including any Hawaiian or English equivalent or nickname, is limited to a **maximum of 27 typed spaces**. This includes all letters, spaces, and punctuation marks. Titles are not allowed. Use this format: LASTNAME, Firstname M.I., Jr. (Nickname)

COMMENTS:

Note: State and County candidates are required to provide their Social Security Number (HRS §11-15, Hawaii State Constitution, County Charters). Federal candidates are not required by law to provide such information (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.