



FLORIDA  
DEPARTMENT  
*of* STATE

# Voter Registration Training Overview for Offices Issuing Driver Licenses

*(Florida Department of Highway Safety and  
Motor Vehicles and Tax Collectors' Offices)*

***Secretary of State Cord Byrd***

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Updated 6/25/2024 (errata)

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# Voter Registration History

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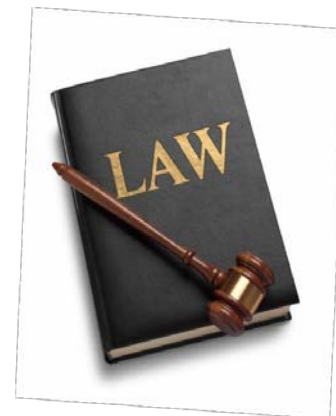
SECTION ONE

# National Voter Registration Act (NVRA)

(52 U.S.C. § 20501 - 52 U.S.C. § 20511)

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- Enacted in 1993 (state law version enacted in 1995)
- Standardized national voter registration including:
  - One-stop application for driver license issuance/update and voter registration (referred to as “Motor-Voter”)
  - One-stop application for governmental or public services and voter registration (VRAs)



# Role of DHSMV & Tax Collector's Offices

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- 2010 - present:
  - State and county tax collectors' offices serve as primary front offices for "Motor Voter" part of NVRA
    - Issuance of driver license/ID cards
    - Voter registration application intake
  - State DL offices still issue the large percentage of DL/ID issuances

# “Motor Voter” is a partnership

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## DHSMV

Department of Highway Safety and Motor Vehicles

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- Tax collector’s offices - Intake electronically voter registration since 2010
- DHSMV uploads nightly to DOS

## DOS

Department of State

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- Suspend electronic voter registration information received through Florida Voter Registration System (statewide system required by Help America Vote Act) to SOEs

## SOEs

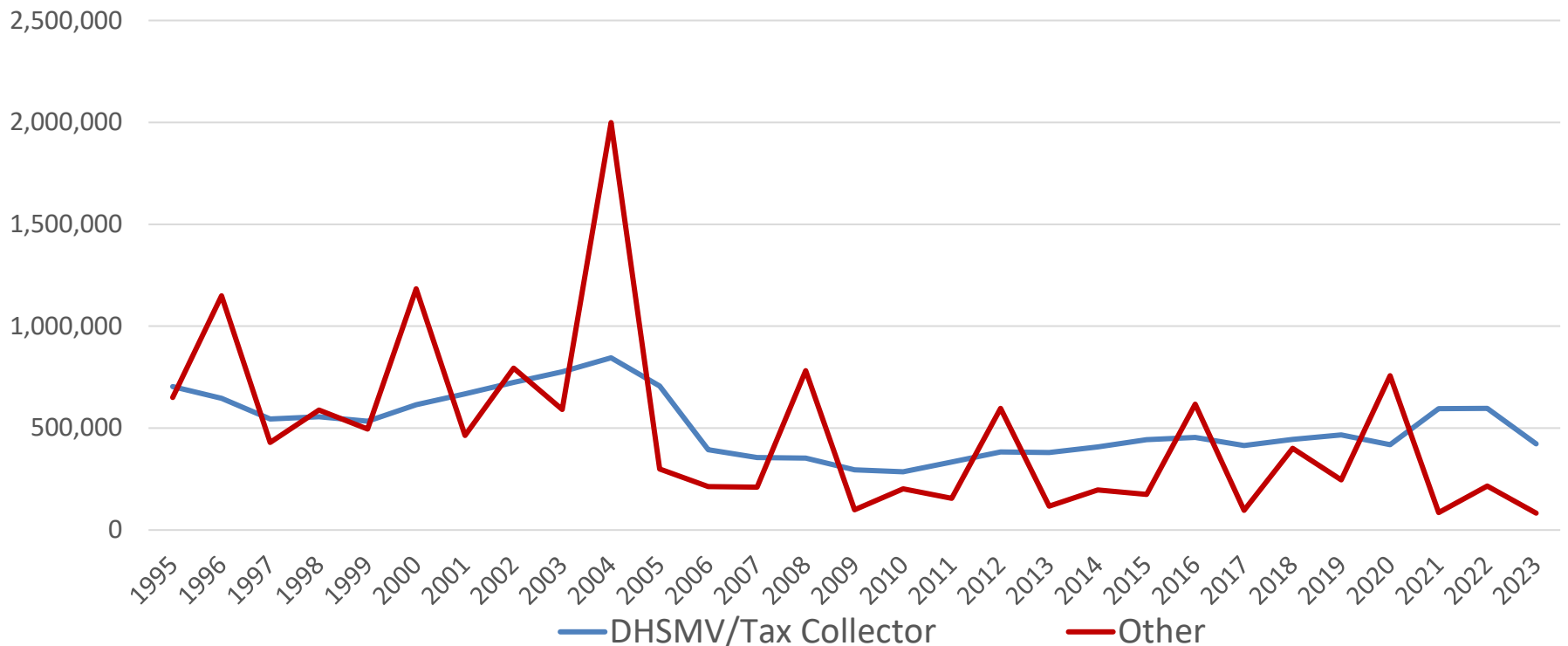
Supervisor of Elections (67)

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- Process electronic registrations received through FVRS from DHSMV to register if application complete (including whether address provided is verifiable)

# Motor – Voter Role Importance

Voter Registration Methods  
DSMV/Tax Collectors v. All Others  
(Mail/Public Assistance Offices, Disability Offices, Recruitment Offices,  
Library/Centers for Independent Living, In-person SOEs, and OVR) (1995 - 2023)







# General Responsibilities

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SECTION TWO

# What is required?

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Each time someone

Applies for DL/State ID

Renews for DL/State ID

Changes address

Ask customer

Do you want to opt out of submitting information for voter registration (new or update)?  
Default is info will be forwarded)

Inform customer

Information will be sent to Supervisor of Elections

Certain information kept confidential

Additional duties

MyDMV portal

FLHSMV Mail-In Renewal

# Avoid undue voter influence

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**Do not** say or do anything that discourages someone from registering to vote



**Do not** reveal any person's registration information for any purpose other than administration of voter registration



**Do not** influence or try to influence someone to pick a particular political party



**Do not** display any political party affiliation or party allegiance



# Electronic Application Intake System

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SECTION THREE

A solid green horizontal bar at the bottom of the page.

# Overview

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- Florida Driver License Issuance System (FDLIS) replaced with the ORION Driver License Issuance Motor Voter Application Process:
  - Designed and maintained by FLHSMV
  - Simultaneous driver license/ID card - voter registration electronic intake process since 2006
- FLHSMV database does not integrate or directly link with Florida Voter Registration System
- Nightly batch file upload of voter registration information FVRS

## Tax Collector's Office

- Enter voter registration info
- Capture person's signature
- Update data to FLHSMV

## FLHSMV

- Compile electronic data
- Upload nightly file to DOS-FVRS

## DOS-FVRS

- Assign source code
- Suspend to county SOE for processing

## County SOE

- Accept record as new or update
- If complete,, issue new voter information card. Otherwise send notice of disposition

# Special Class of Applicants – Pre- registrants



- 16 and 17 year olds can pre-register:
  - Pre-registrant status converts automatically in system on person's 18<sup>th</sup> birthday or by registration deadline (book closing) of the election in which he or she will turn 18 and can then vote
- **Pointers:**
  - Parental or guardian approval is NOT required to register to vote
  - A parent or guardian CANNOT sign for pre- registrant





Other  
Address  
Flag  
Issues

- Victims of domestic violence and stalking
- High-risk professionals

# Domestic violence /stalking victims

## ■ How will you know?

- RED FLAG addresses (means they are registered with Attorney General Address Confidentiality Program:
  - 723 Truman Avenue, Tallahassee
  - PO Box 6298, 7327, or 7297 with Tallahassee as mailing address
- They are listed in DAVID as address confidential program participant



## ■ What do you do?



- Do not intake voter registration information
- They must go to Supervisor of Elections' office directly to register or update their record(per law - §§ 741.401-.465, F.S.)



# High risk professionals

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## ■ How will you know?

- They will self-identify as law enforcement, correction officers, judges, quasi-judicial officers, state and U.S. attorneys, guardians ad litem, child abuse investigators, firefighters, human resource personnel, and others and includes spouses and children, etc.
- They are listed in DAVID as protected

## ■ What information is protected?

- Upon written request to each agency that might have personal identification/location info (address, birthdate, phone number, spouses' and children's names), info is protected by each agency from public records request

## ■ What do you do?

- Proceed as normal – person must provide true address/info must be given to get right precinct and ballot

# Applicant Choice –

To be or not  
to be a  
voter?



- **Right to register or update** registration:
  - Proceed with electronic intake of voter's information
  - Presumptive that the customer agrees to submit information for voter registration purposes
- **Right to refuse** before or during registration process:
  - Selecting to opt-out
  - Refuses to provide signature affirming oath
- **Action:** Customer answers following prompts on signature pad which will record customer decision:
  - Retain record for two (2) years by FLHSMV
  - Records kept by FLHSMV, not the tax collectors' offices

Electronic  
Intake –

Motor  
Voter  
Customer  
Oath  
Signature  
Pad Display  
Continued

The customers entries and selections of voter application type, party affiliation, change of address submission agreement and oath will be sent to the signature pad for the customer to review. The customer will make one of the following selections:

- Decline
- Modify
- Accept

Applicant  
Choice –

Not to be  
voter...



## ■ Opted Out

- Customer may opt out by selecting “I do not wish to register.” After they can make a selection for the reason of opting out on the signature pad.

A screenshot of a registration selection screen. The text reads: "Please select one of the following:". Below this, there are three options, each with a "Select" button to its left: "New Florida Voter Application", "Update Existing Florida Voter Registration", and "Replace Florida Voter Information Card". At the bottom of the screen, there is a larger button labeled "I do not wish to register.".A screenshot of a confirmation screen for declining registration. The text reads: "I understand my declination will remain confidential." Below this, there are three radio button options: "I do not wish to submit a new Florida Voter Application", "I do not wish to update my existing Florida Voter Registration", and "I am not currently eligible to vote in the State of Florida". At the bottom right of the screen, there is an "Ok" button.

# Applicant Choice –

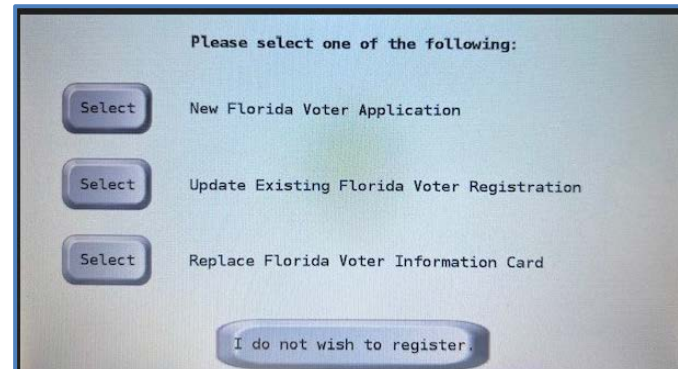
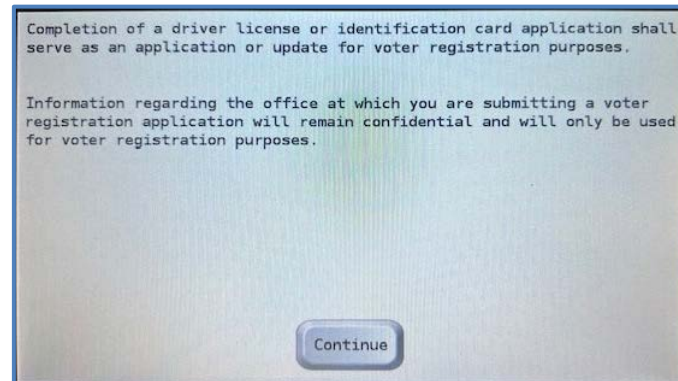
To be a  
voter...



## ■ Opted In

If customer is a U. S. Citizen, 16 year of age and a Florida resident the following information is sent to the signature pad for the customer to choose the following regarding motor voter:

- If the customer meets the criteria, the customer can start the motor voter application by selecting the “Continue” button on the signature pad screen.



Applicant  
Choice –

To be a  
voter...



- **Once, opted in**

Questions regarding eligibility follow

I affirm that I am a U.S. Citizen.

Yes  
 No

<<Back Continue

I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

Yes  
 No

<<Back Continue

I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.

Yes  
 No

<<Back Continue



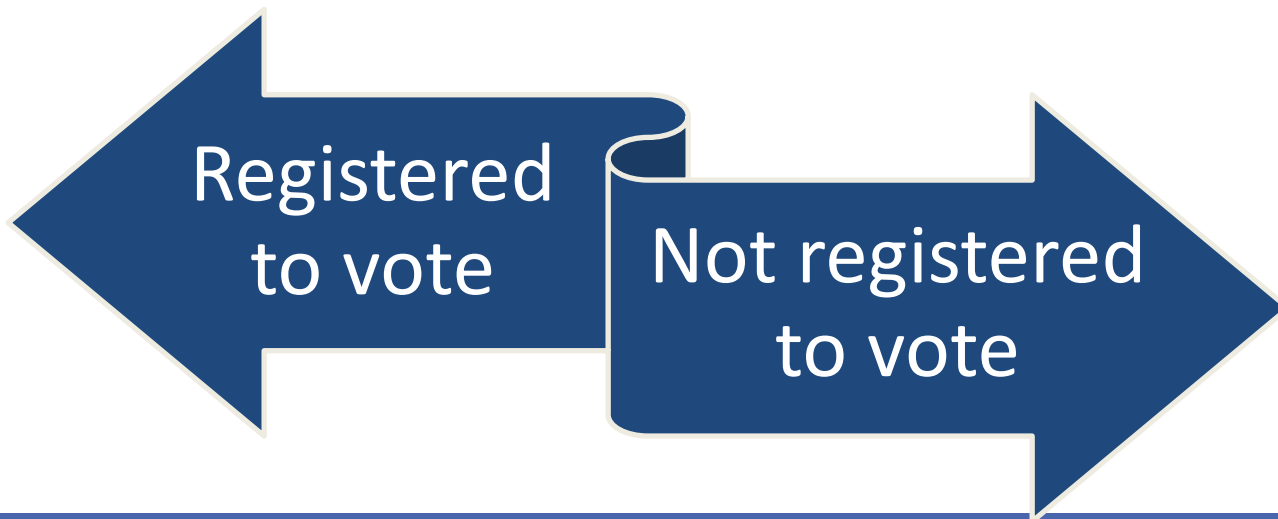
# Eligibility Questions

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- Do not offer advice or guidance to applicant about how they should answer question
- Questions are under oath
- It is their responsibility to answer truthfully
- If they don't know, they should speak to Supervisor of Elections

# How do you know if person is already registered

- You don't.
- The person may not even know.
  - Many out-of-state move-ins think voter registration transfers



# Electronic Intake –

## Motor Voter Customer Oath Signature Pad Display

Motor Voter application preview for issuance personnel to complete the remaining voter application questions. The issuance personnel will then select the “Signature Pad Review and Customer Oath”.

# Electronic Intake –

# Signature

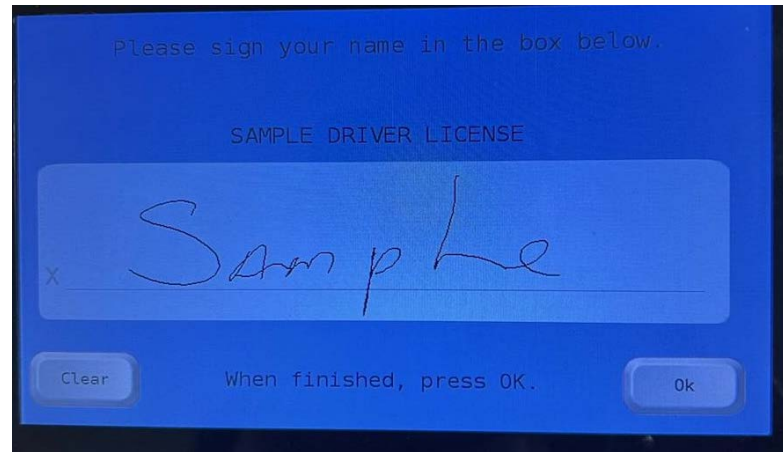


- Signature image captured at front end of process
- **IMPORTANT:** Electronic DL/ID card signature = voter registration signature
- Signature on voter record used to verify signature on:
  - Vote-by-mail ballot (VMB)
  - Provisional ballot
  - Petition for candidate qualifying
  - Petition to remove municipal or charter county officer
  - Citizen initiative petition for constitutional amendment or public measure

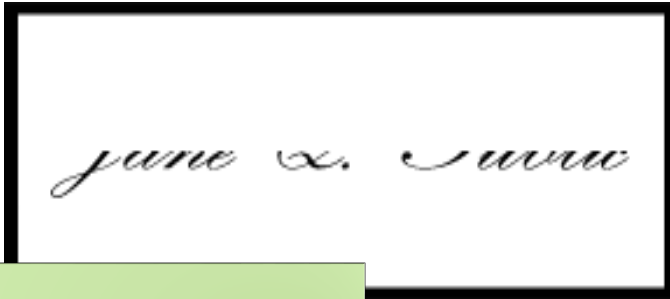
# Electronic Intake – Signature



- Signature image captured at front end of process



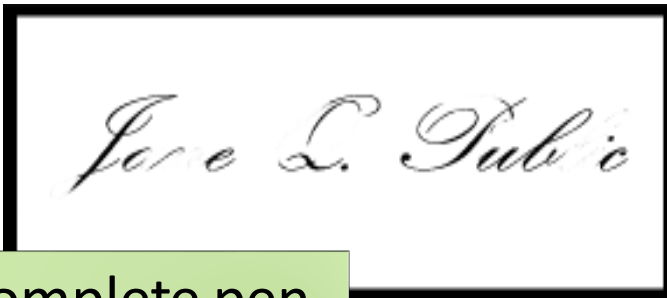
# Signature Image Examples



Cut off



Blurry



Incomplete pen  
strokes




Complete and  
clear

If signature is not complete and clear, have them re-sign

# Electronic Intake –

# Motor Voter Customer Oath Signature Pad Display



VICTOR  
MOTOR VOTER  
LICENSE  
DL/ID: L252-673-88-222-0  
DOB: 06/22/1988  
Gender: MALE

- Customer Summary
- Capture Summary
- Motor Voter
- Identification Documents
- Capture Scan Document
- Applicant Screening
- Personal Details
- Emergency Contact Information
- Exams
- License Details
- Transcripts/Voluntary

Application Type: New Florida Voter Application Change Type Select options

Former Name

Previous Voting Address

Street  City

State  Zip  -  County

Residential Address

Street Number	Suffix	Pre-Direction	Street Name	Street Type	Post-Direction	Unit Type	Unit Number
2900		--	APALCHEE PKWY B341	-SELECT-	--	-SELECT-	

City  TALLAHASSEE State  FL Zip  32399 -  0001 County  LEON

*Email address and phone number provided for voter registration purposes are public record*

Party Selection: NO PARTY AFFILIATION

Would you like to provide a day time phone number?

Do you need assistance with voting?  NO

Are you interested in becoming a poll worker?  NO

Are you a U.S. Citizen residing outside of the U.S.?  NO

Are you an active duty Uniformed Service or Merchant Marine member?  NO

Are you the spouse or dependent of an active duty Uniformed Service or Merchant Marine member?  NO

Would you like to receive electronic sample ballots from the Supervisor of Elections, if the option is available in your county?  NO

Language  ENGLISH  Signature Pad Review and Customer Oath  Voter Override Oath Acceptance: No Response

Back Cancel Next

# Electronic Intake –

## Motor Voter Customer Oath Signature Pad Display

Name: SAMPLE LICENSE

Email:

DOB: 06/22/1988

|FL Resident: YES

Address Submission: Yes

|County: LEON

Address: 2900 APALACHEE PKWY RM B341, TALLAHASSEE, FL, 32399

Type: New Florida Voter Application

Party: FLORIDA DEMOCRATIC PARTY

I affirm that I am a U.S. Citizen.

I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.

Decline

Modify

Accept



Electronic  
Intake –  
Data input

**All customer information is pre-populated based on DL record established.**

▪ **Consequences of data input errors:**

- Wrong date of birth or misspelling could create a duplicate registration record
- Misspelling could cause someone to have to vote a provisional ballot because no record found:
  - ✓ Hernandez, Kathy versus Hernandez, Cathy
  - ✓ Date of birth: 7/17/1938 versus 7/17/1983
  - ✓ Suffix in last name field
- Invalid address may result in wrong precinct assignment or application processing delay



# Electronic Intake – Name and DOB

- **Enter name and date of birth in proper order:**
  - First, Middle, Last
    - ✓ Enter name as indicated on legal documentation such as passport, birth certificate, etc.
  - Date of Birth
    - ✓ Enter in order of MM/DD/YYYY – month, day, year

# Electronic Intake - ORION

Date of birth

Upon completion of the Motor Voter application, a preview will be displayed to the issuance personal to complete the voter application questions. Once the remaining questions are answered, the issuance personnel will select the “Signature Pad Review and Customer Oath” to initiate the final review for the customer to approve.

**Application Type:** New Florida Voter Application Change Type Select options

**Former Name**

**Previous Voting Address**  
Street  City   
State  Zip  County

**Residential Address**  
Street Number  Suffix  Pre-Direction  Street Name  Street Type  Post-Direction  Unit Type  Unit Number   
City  State  Zip  County

*Email address and phone number provided for voter registration purposes are public record*

**Party Selection:** NO PARTY AFFILIATION Would you like to provide a day time phone number?

**Do you need assistance with voting?**  **Are you interested in becoming a poll worker?**

**Are you a U.S. Citizen residing outside of the U.S.?**  **Are you an active duty Uniformed Service or Merchant Marine member?**

**Are you the spouse or dependent of an active duty Uniformed Service or Merchant Marine member?**

**Would you like to receive electronic sample ballots from the Supervisor of Elections, if the option is available in your county?**

**Language**  **Signature Pad Review and Customer Oath**  **Timer Override**  **Oath Acceptance:** No Response

**Back** **Cancel** **Next**

# Electronic Intake - ORION

## Address

Upon completion of the Motor Voter application, a preview will be displayed to the issuance personal to complete the voter application questions. Once the remaining questions are answered, the issuance personnel will select the “Signature Pad Review and Customer Oath” to initiate the final review for the customer to approve.

The screenshot displays the Motor Voter application interface. On the left is a sidebar with navigation options: Customer Summary, Capture Summary, Motor Voter, Identification Documents, Capture Scan Document, Applicant Screening, Personal Details, Emergency Contact Information, Exams, License Details, and Transcripts/Voluntary. The main form area is titled 'New Florida Voter Application' and includes a 'Change Type' dropdown menu. The 'Residential Address' section is highlighted with a red oval and contains the following fields: Street Number (2900), Suffix, Pre-Direction (dropdown), Street Name (APALCHEE PKWY B341), Street Type (dropdown), Post-Direction (dropdown), Unit Type (dropdown), and Unit Number. Below this, the City is TALLAHASSEE, State is FL, Zip is 32399-0001, and County is LEON. A note states: 'Email address and phone number provided for voter registration purposes are public record'. The form also includes questions about party affiliation, assistance with voting, citizenship, and active duty status. At the bottom, there is a 'Language' dropdown set to ENGLISH, a 'Signature Pad Review and Customer Oath' button, a 'Timer Override' checkbox, and an 'Oath Acceptance' dropdown set to No Response. Navigation buttons 'Back', 'Cancel', and 'Next' are located at the bottom right.

# Electronic Intake – Address Details

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- **Residential Address:**

- Physical presence at address person intends to reside
- P.O. Box or business address should not be used as residential address (if applicants insists on address, it will delay processing)

- **Special Cases of Residency:**

- **Mobile Home, Houseboat, or Recreational Motor Home:**
  - ✓ Address is where a person docks his/her residential riverboat or houseboat or motor home and/or receives mail regularly
- **Homeless:**
  - ✓ The address of the place where the person regularly receives mail
  - ✓ General delivery address at a post office
  - ✓ Church address that agrees to accept mail on the person's behalf
  - ✓ Address of a shelter that the person frequents

# Electronic Intake –

# Address Validation

- **Address entered twice:**
  - Driver license portion: Entered as single string
  - Voter registration portion: Entered in segments – automatically parsed
  
- **Street validation program:**
  - Valid Street Address Master Index – Supervisors of Elections compile
  - DO NOT OVERRIDE invalid address until:
    - ✓ Review of customer's document with proof of residential address
    - ✓ Check for inverted, abbreviated, transposed or omitted letters, numbers, and street suffixes (e.g., Twenty Second versus 22<sup>nd</sup> or 22, Tennessee versus Tenn)
    - ✓ Ask customer

# Signature Pad Screen for Political Party Selection

## Party Listing and Selection By Customer



Major Political Parties

- FLORIDA DEMOCRATIC PARTY
- REPUBLICAN PARTY OF FLORIDA

Other

- Minor Party OR No Party Affiliation

<<Back      Continue

# Importance of Political Party Selection

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- *Political party selection (classified as No party Affiliation)*
  - Might make the difference if voter can vote in primary election.
- Note: a selection will be required to continue the process because applicant may not remember or think they remember



# Electronic Intake – Political Party

- Voter's options:
  - Two major parties:
    - ✓ Florida Democratic Party
    - ✓ Republican Party of Florida
  - Minor political parties
  - No party affiliation
- List of registered political parties:
  - Built into system's signature pad for selection by customer
  - Division of Elections' website:  
[dos.myflorida.com/elections/candidates-committees/political-parties](https://dos.myflorida.com/elections/candidates-committees/political-parties)

# Electronic Intake - ORION

## Optional questions

Upon completion of the Motor Voter application, a preview will be displayed to the issuance personal to complete the voter application questions. Once the remaining questions are answered, the issuance personnel will select the “Signature Pad Review and Customer Oath” to initiate the final review for the customer to approve.

The screenshot displays the Motor Voter application form. On the left is a sidebar with navigation tabs: Customer Summary, Capture Summary, Motor Voter, Identification Documents, Capture Scan Document, Applicant Screening, Personal Details, Emergency Contact Information, Exams, License Details, and Transcripts/Voluntary. The main form area includes:

- Application Type:** New Florida Voter Application (Change Type: Select options)
- Former Name:** [Empty field]
- Previous Voting Address:** Street, City, State, Zip, County
- Residential Address:** Street Number (2900), Suffix, Pre-Direction, Street Name (APALCHEE PKWY B341), Street Type, Post-Direction, Unit Type, Unit Number, City (TALLAHASSEE), State (FL), Zip (32399-0001), County (LEON)
- Party Selection:** NO PARTY AFFILIATION
- Optional Questions (circled in red):**
  - Do you need assistance with voting? [NO]
  - Would you like to provide a day time phone number? [Empty field]
  - Are you interested in becoming a poll worker? [NO]
  - Would you like to receive electronic sample ballots from the Supervisor of Elections, if the option is available in your county? [NO]
- Other Questions:** Are you a U.S. Citizen residing outside of the U.S.? [NO]; Are you an active duty Uniformed Service or Merchant Marine member? [NO]; Are you the spouse or dependent of an active duty Uniformed Service or Merchant Marine member? [NO]
- Language:** ENGLISH
- Buttons:** Signature Pad Review and Customer Oath, Timer Override, Oath Acceptance: No Response
- Footer:** Back, Cancel, Next

# Why ask applicant these questions?

---

- Former name
- Former address
- Request for assistance at polls
- Contact information
- Want to be a poll worker
- Email address

# Why ask applicant these questions?

---

- Former name
  - heads up if person already registered under former name
- Former address
  - heads up if person already registered in state or out of state (notice to prior jurisdiction to cancel registration)
- Request for assistance at polls
  - Alerts election staff that voter might need help
- Contact information
  - If needed for issue with registration or ballot
- Want to be a poll worker
  - Serves as potential pool of staffing for election cycles
- Email address
  - Allows Supervisors to mail sample ballot

# Electronic Intake - ORION

Former name

Upon completion of the Motor Voter application, a preview will be displayed to the issuance personal to complete the voter application questions. Once the remaining questions are answered, the issuance personnel will select the “Signature Pad Review and Customer Oath” to initiate the final review for the customer to approve.

**Application Type:** New Florida Voter Application Change Type Select options

**Former Name**

**Previous Voting Address**

Street  City

State  Zip  County

**Residential Address**

Street Number	Suffix	Pre-Direction	Street Name	Street Type	Post-Direction	Unit Type	Unit Number
2900		--	APALCHEE PKWY B341	-SELECT-	--	-SELECT-	

City  State  Zip  County

*Email address and phone number provided for voter registration purposes are public record*

**Party Selection:** NO PARTY AFFILIATION Would you like to provide a day time phone number?

**Do you need assistance with voting?**  **Are you interested in becoming a poll worker?**

**Are you a U.S. Citizen residing outside of the U.S.?**  **Are you an active duty Uniformed Service or Merchant Marine member?**

**Are you the spouse or dependent of an active duty Uniformed Service or Merchant Marine member?**

**Would you like to receive electronic sample ballots from the Supervisor of Elections, if the option is available in your county?**

Language  **Signature Pad Review and Customer Oath**  Timer Override **Oath Acceptance:** No Response

Back Cancel Next

# Cancellation of out-of-state registration

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- If the address is out-of-state, we must notify the prior state of registration so that they can cancel the voter registration in another state
- Avoids cross-state voter registration
- Minimizes potential for double voting (3<sup>rd</sup> degree felony)

# Electronic Intake - ORION

Previous voting address

Upon completion of the Motor Voter application, a preview will be displayed to the issuance personal to complete the voter application questions. Once the remaining questions are answered, the issuance personnel will select the “Signature Pad Review and Customer Oath” to initiate the final review for the customer to approve.

Application Type: New Florida Voter Application Change Type Select options

Former Name

Previous Voting Address

Street  City

State  Zip  County

Residential Address

Street Number	Suffix	Pre-Direction	Street Name	Street Type	Post-Direction	Unit Type	Unit Number
2900	<input type="text"/>	-- <input type="text"/>	APALCHEE PKWY B341	-SELECT-	-- <input type="text"/>	-SELECT-	<input type="text"/>

City  State  Zip  -  County

*Email address and phone number provided for voter registration purposes are public record*

Party Selection: NO PARTY AFFILIATION

Would you like to provide a day time phone number?

Do you need assistance with voting?

Are you interested in becoming a poll worker?

Are you a U.S. Citizen residing outside of the U.S.?

Are you an active duty Uniformed Service or Merchant Marine member?

Are you the spouse or dependent of an active duty Uniformed Service or Merchant Marine member?

Would you like to receive electronic sample ballots from the Supervisor of Elections, if the option is available in your county?

Language

**Signature Pad Review and Customer Oath**  Timer Override

Oath Acceptance: No Response

Back Cancel Next

# Electronic Intake – Customer Oath and Approval

Name: SAMPLE LICENSE  
Email:  
DOB: 06/22/1988 |FL Resident: YES  
Address Submission: Yes |County: LEON  
Address: 2900 APALACHEE PKWY RM B341,TALLAHASSEE,FL,32399  
Type: New Florida Voter Application  
Party: FLORIDA DEMOCRATIC PARTY  
I affirm that I am a U.S. Citizen.

I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.

I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.

Decline

Modify

Accept

I have reviewed and verify the voter information I have provided.

Under penalties of perjury, I am submitting my signature (or electronic signature) captured during this driver license or identification card transaction for the purpose of submitting a voter application and I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and the laws of the State of Florida, and that all information provided in this application is true.

Any person who willfully submits any false voter registration information commits a felony of the third degree and is punishable by a maximum of 5 years in prison and/or \$5,000 in fines.

Decline

Accept



# Electronic intake – wrap-up

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- **Print out inputted** voter application information for applicant:
  - Applicant keeps print-out as receipt (see next slide)
- Allow **person time to review** and verify data entered
- Accept electronic intake only after **person verifies** data entered
- Tell the person to contact Supervisor of Elections **within two (2) weeks** if voter registration card not received

# State and Tax Collector Offices

## Motor Voter Receipt for Customer

<b>Type:</b> New Florida Voter Application				
Are you a citizen of the United States of America?		Yes	Are you a Florida Resident?	
			Yes	
<input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.				
<input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.				
Date of Birth (MM/DD/YYYY):	06/22/1988	Race/Ethnicity:	W	Gender:
				M
FL Driver License/FL ID Number:	L252-873-88-222-0	Social Security Number:	***-**-4989	State or Country of Birth:
				FL
Last Name/Suffix:	LICENSE			
First Name:	VICTOR			
Middle Name/Initial:	MOTOR VOTER			
Former Name, if name changed:		Day Phone Number:		Address Submission: Yes
<b>Address</b>		<b>City</b>	<b>County</b>	<b>State</b> <b>Zip Code</b>
Residence Address:	2900 APALCHEE PKWY B341	TALLAHASSEE	LEON	FL   32399
Mailing Address:	2900 APALCHEE PKWY B341	TALLAHASSEE	LEON	FL   32399
Previous Voting Address:				
Party Affiliation:      NPA <input type="checkbox"/> Party Affiliation Selected <input checked="" type="checkbox"/> Party Affiliation Not Selected				
Do you need voting assistance at the polls?		No	Are you interested in being a poll worker?	
			No	
<b>Are you:</b>				
<input type="checkbox"/> Active Duty Military/Merchant Marine?		<input type="checkbox"/> Please send me a sample ballot by email if option is available in my county.		
<input type="checkbox"/> Dependent of an Active Duty Military/Merchant Marine?		Provided email address:		
<input type="checkbox"/> U.S. Citizen Currently Residing Outside the U.S.?				
Please keep your receipt until you have received your new voter registration card from the local Supervisor of Elections.				
This form is provided for the purpose of verifying the information you have provided to the Department of Highway Safety and Motor Vehicles and for attesting to the oath at the bottom of this form. Your application for voter registration will be acknowledged by your local Supervisor of Elections either by a Voter Information Card or a request for further information.				
Contact your local Supervisor of Elections if you have questions.				
23-Aug-23 05:14:36 PM - 600225049				

**Florida Department of Highway Safety and Motor Vehicles**

Division of Motorist Services

Tallahassee, FL

Date: 08/23/2023

Office: 85/16 (Z97)

Batch Number: 68316

User: T0313VJM

Cashier: T0313VJM

Form Number: Z972308230001

**OATH OF APPLICANT:**

Under Penalty of Perjury, I swear or affirm that the information given by me in this application is true and correct.

Chapter 322, Florida Statutes, requires the department to collect social security numbers for the issuance of driver and identification cards.

**Victor Motor Voter License      DL/ID #: L252-873-88-222-0      Expire Date: 06/22/2032**

**TRANSACTION TYPE:** ORIGINAL DL

**VOTER STATUS:** I completed a new voter registration application. If you do not receive your new voter registration card in 30 days, please contact your county Supervisor of Elections Office.

**Fee Summary**

<b>Fee Type</b>	<b>Fee Amount</b>
ORIGINAL CLASS E	\$48.00
<b>Fee Total:</b>	<b>\$48.00</b>

**Batch Summary**

Batch Number: 68316

Total Transactions: 1

**Transaction Detail**

<b>DL/ID Number</b>	<b>Customer Name</b>	<b>Transaction Type</b>	<b>Fee Total</b>
L252-873-88-222-0	Victor License	ORIGINAL DL	\$48.00
		<b>Credit Card Convenience Fee:</b>	<b>\$0.00</b>
		<b>Batch Fee Total:</b>	<b>\$48.00</b>

**Payment Detail**

<b>Payment Type</b>	<b>Confirmation Number</b>	<b>Amount Paid</b>
Cash		\$48.00

Motor Voter  
Receipt for  
Customer



# Warning: Cancelling or Abandoning Process Midway

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- Cancelling, or abandoning a DL/ID card transaction does the same to the voter registration information
- You must re-enter voter registration when you re-process a DL/ID credential information
- Failure to re-enter voter registration means no voter registration information is captured or transmitted to the DOS



# Processing Time for Submissions through Electronic Intake

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- Daily upload from local offices to DHSMV
- Overnight batch transfer (including weekends) from DHSMV to Department of State
- Daily suspense from Department of State to Supervisors
- Within 24-48 hours reviewed and processed
- Supervisors of Elections required to notify applicant of disposition of application (accepted, denied, incomplete, duplicate) within 5 business days of processing voter information into Florida Voter Registration System.
- If registered, applicant/existing registered voter receives new voter information card.
- Voter information lookup online

# Voter Information Lookup (Online)



Use the [Voter Information Look-up](#) to check voter registration and party status.

It may take 1-2 business days (longer during book closing periods) for new registrations and updates entered into the Florida Voter Registration System to be available through the look-up.

If information cannot be found, please contact [county Supervisor of Elections](#) or call the Division of Elections' Voter Assistance Hotline at 1.866.308.6739.

[Florida Relay Service](#) (TDD or voice) is available to persons who are deaf, hard of hearing, deaf/blind, or speech disabled. Dial 7-1-1. For more information visit the [Florida Relay Service](#).



# Processing Paper Applications

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SECTION FOUR





What do you do if an incomplete paper application is turned into or mailed to your office?



What do you do if an incomplete paper application is turned into or mailed to your office?

**Answer:** Accept and forward all incomplete and complete applications to Supervisor of Elections in your county with 5 calendar days

# Types of Paper Voter Application Forms

All should be accepted if turned into your office

## Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America?  Yes  No  
 Will you be 18 years old on or before election day?  Yes  No

This space for office use only.

If you checked "No" in response to either of these questions, do not complete Form. Please see state-specific instructions for information regarding eligibility to register prior to election day.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

2. Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Address 2: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Telephone Number (optional): \_\_\_\_\_ ID Number: \_\_\_\_\_

5. Choice of Mailing Method: \_\_\_\_\_

6. Race or Ethnic Group: \_\_\_\_\_

7. I have reviewed my state's instructions and I agree to the following:  
 • I am a United States citizen.  
 • I meet the eligibility requirements to register to vote in my state.  
 • The information I have provided is true and correct to the best of my knowledge under penalty of perjury.  
 • I understand that I may be fined, imprisoned, or otherwise punished if I provide false information.

8. If you are registering to vote, please provide a valid identification number:  
 • Driver's License or State ID # \_\_\_\_\_  
 • Social Security Number \_\_\_\_\_  
 • Military ID # \_\_\_\_\_  
 • Other: \_\_\_\_\_

9. I have received my state's instructions and I agree to the following:  
 • I am a United States citizen.  
 • I meet the eligibility requirements to register to vote in my state.  
 • The information I have provided is true and correct to the best of my knowledge under penalty of perjury.  
 • I understand that I may be fined, imprisoned, or otherwise punished if I provide false information.

10. If you are registering to vote, please provide a valid identification number:  
 • Driver's License or State ID # \_\_\_\_\_  
 • Social Security Number \_\_\_\_\_  
 • Military ID # \_\_\_\_\_  
 • Other: \_\_\_\_\_

## National Mail-In Application

### Florida Voter Registration Application Instructions and Form (DA-DE 48, R1-2-2010, F.A.C. (enr) 04242024)

**How to Register**

- Complete and submit this form by mail or in person to:
  - Supervisor of Elections office (mailing addresses are on back of form),
  - Any voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office), or
  - The Division of Elections
- Register online: [Register to Vote Florida.gov](https://www.floridavotes.gov) (or QR code).

**Note:** If a third-party voter registration organization (3PVRD) collects your application, the 3PVRD must give you a receipt. The 3PVRD might not deliver your application within the 10 days or by the registration deadline. You can choose instead to mail or deliver your application to your Supervisor of Elections or register online.

**Voter Registration Requirements**

- U.S. citizen and resident of Florida and county
- At least 18 years old (or 16 for pre-registration)
- Not adjudicated mentally incapacitated, or if so, voting rights restored.
- Not be convicted of a felony, or if so, voting rights restored.

**Do not complete this form if you do not meet all of these requirements.**

**When to Register**

- Deadline to register is 29 days before an election.
- Deadline to change party is 29 days before a primary election.

**Registration Status**

- If application is accepted, your Supervisor will mail a voter information card.
- If your application is incomplete or denied, your Supervisor will contact you.
- Contact your Supervisor if you have any additional questions.

### Identification (ID) Requirements to Register or Update Record

**Florida has Closed Primaries/Political Party Affiliation**

- You must be registered with a political party to vote in that party's primary elections. However, in primary elections, all voters can vote on non-partisan issues and for candidates in that partisan primary race if the candidates face no opposition in the general election.
- If registering for first time and you do not choose a party, you will be registered with no party affiliation (NPA). If you are already registered and do not choose a party, your party choice on record will remain the same.

**Public Record**

- Most voter information, including phone number and email address is public. Your signature may be viewed but not copied.
- The following is not public: FL DL#, FL ID#, SSN, where you registered to vote, and whether you declined to register or update your voter registration record at a voter registration agency or office that issues FL DL or FL ID cards.

**Resources**

- Supervisor phone numbers are on back of form.
- Division of Elections: <https://dos.f.gov/elections/>
- Voter Assistance Hotline: 1.866.308.6739
- Voter Information Lookup visit: <https://elections.elections.myflorida.com/CheckVoterStatus>

## Voter Registration and Absentee Ballot Request Federal Post Card Application (FPCA)

Print clearly in blue or black ink.

### 1. Who are you? Pick one.

I request an absentee ballot for all elections in which I am eligible to vote AND:  
 I am on active duty in the Uniformed Services or Merchant Marine -OR-  I am an eligible spouse or dependent.  
 I am an activated National Guard member on State orders.  
 I am a U.S. citizen living outside the country, and I intend to return.  
 I am a U.S. citizen living outside the country, and my return is uncertain.  
 I am a U.S. citizen living outside the country, and I have never lived in the United States.

## Federal Post Card Application

### 2. What is your address?

Your voting materials will be mailed to this U.S. State or U.S. Possession address. If you are requesting an absentee ballot, your voting materials will be mailed to this address.  
 Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Driver's license or State ID # \_\_\_\_\_  
 Street address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City, town, village \_\_\_\_\_ State \_\_\_\_\_

### JRRR address to receive your voting materials.

Your mail forwarding address. (If applicable)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### election officials can reach you about your request.

Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

### What is your political party for primary elections?

\_\_\_\_\_

### Where were you born?

\_\_\_\_\_

### I certify to the best of my knowledge. I understand that a material misstatement of fact in this application is a crime under the laws of the United States and may result in conviction of perjury.

by the day of the election), eligible to vote in the requested jurisdiction, and not convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally ill, and

any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

Today's date (mm/dd/yyyy) / /

Standard Form 76 (Rev. 09-2017), OMB No. 0704-0002

### Rows 1-6 and 16 must be completed for an application to be processed. Print plainly and clearly using a black or blue pen.

New registration  Update or change (e.g., address, name, party affiliation, signature)  Request to replace voter information card

1. Are you a citizen of the United States of America?  Yes  No

2. I affirm that I am not a convicted felon, or if I am, my right to vote has been restored. (For information on felon voting rights, visit Division of Elections' webpage - <https://dos.f.gov/krin/>)

3. I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored.

4. Date of birth (mm-dd-yyyy) \_\_\_\_\_ Florida Driver License or Identification Card Number (FL DL/ID) \_\_\_\_\_ Last 4 of SSN (if no FL DL/ID) \_\_\_\_\_ I have never been issued a FL DL/ID or SSN.

5. Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix (S, Jr, I, II) \_\_\_\_\_

6. Residential address where you live in FL (no P.O. box or business address) Unit \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

7. Mailing address (if different from above or mail not deliverable at residence) Unit \_\_\_\_\_ City \_\_\_\_\_ State or country \_\_\_\_\_ Zip \_\_\_\_\_

8. Address where last registered \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Former name (if named has changed) \_\_\_\_\_ (State/country of birth) \_\_\_\_\_

10. Phone no. (optional) \_\_\_\_\_ Email address: \_\_\_\_\_

11. Party affiliation (choose one) \_\_\_\_\_

12. Race/ethnicity (choose one) \_\_\_\_\_

13. Military/overseas status (choose one or check appropriate) \_\_\_\_\_

14. I will need help voting.  I would like to be a poll worker or election worker

15. I understand that it is a 3rd degree felony under state and federal laws to falsely swear or affirm or otherwise submit false information. **Oath:** I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.

16. Signature \_\_\_\_\_ Date \_\_\_\_\_

Official use only  
 FVR3 No. \_\_\_\_\_  
 SPVRO No. \_\_\_\_\_ Agent initials \_\_\_\_\_ Date Collected \_\_\_\_\_

## Statewide Voter Registration Application

# Processing Paper Applications Rec'd



- **If received by mail:**
  - Keep postmarked envelope with application (even if postmark is unclear or there is no postmark)
  - Date of postmark will become voter's registration date
  - If no postmark or postmark is unclear, date application received will become voter's registration date (except if received within 5 days of registration deadline, the deadline becomes the voter's registration date)
- **Transmit paper application to local county SOE office within 5 calendar days**

# Processing Paper Applications Rec'd

- **If received in-person:**
  - Stamp date of receipt on application
  - Review application required & optional fields before the person leaves
  - Date of receipt will become voter's registration date
- **Transmit paper application to local county SOE office within 5 calendar days**

# Keep stock of blank paper voter registration forms onsite

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- 
- In plain view - easily accessible (office entrance way and work station)
  - English and Spanish versions
  - For pick-up and take out and/or fill-in and drop off
  - As back-up in case electronic intake system is
- 
- Provide same level of help as you would for electronic intake process
  - Remind person to review (especially required fields) and sign application

# How to get blank voter application forms applications

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- **To order blank forms:**
  - ✓ **Submit request to:** [VRA.Reporting@dos.myflorida.com](mailto:VRA.Reporting@dos.myflorida.com)
  - ✓ Tiffany Morley 850.245.6248
- **Information to include**
  - ✓ Name of the person receiving the shipment
  - ✓ Mailing address (cannot be a post office box)
  - ✓ Contact telephone number
  - ✓ Number of English and Spanish applications needed
- **Obtain forms by download or print from:**
  - Division of Elections' website and copy them at your office-  
Statewide Form (English/Spanish)
  - County Supervisor of Elections' offices





# Non-Compliance

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SECTION FIVE

# Non-Compliance with NVRA - Action

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- **Who:**

- Any person who alleges violation of voter registration or removal process under NVRA or Florida Election Code can file a complaint against DOS, SOE, FLHSMV / Tax Collector, or a Voter Registration Agency

- **How:**

- NVRA complaint filed with the Department of State:

[Dos.fl.gov/elections/forms-publications/forms/complaint-forms](https://dos.fl.gov/elections/forms-publications/forms/complaint-forms)

# What happens if you don't comply with law?

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- Award of attorney fees and other sanctions
- Declaratory and injunctive relief by U.S. Attorney General/Department of Justice
- Criminal penalty for knowing and willful violations
- Maximum 5-year prison for intentional threats, intimidation, or undue influence as to a person's ability to register or to vote, or for fraud in voter registration application process



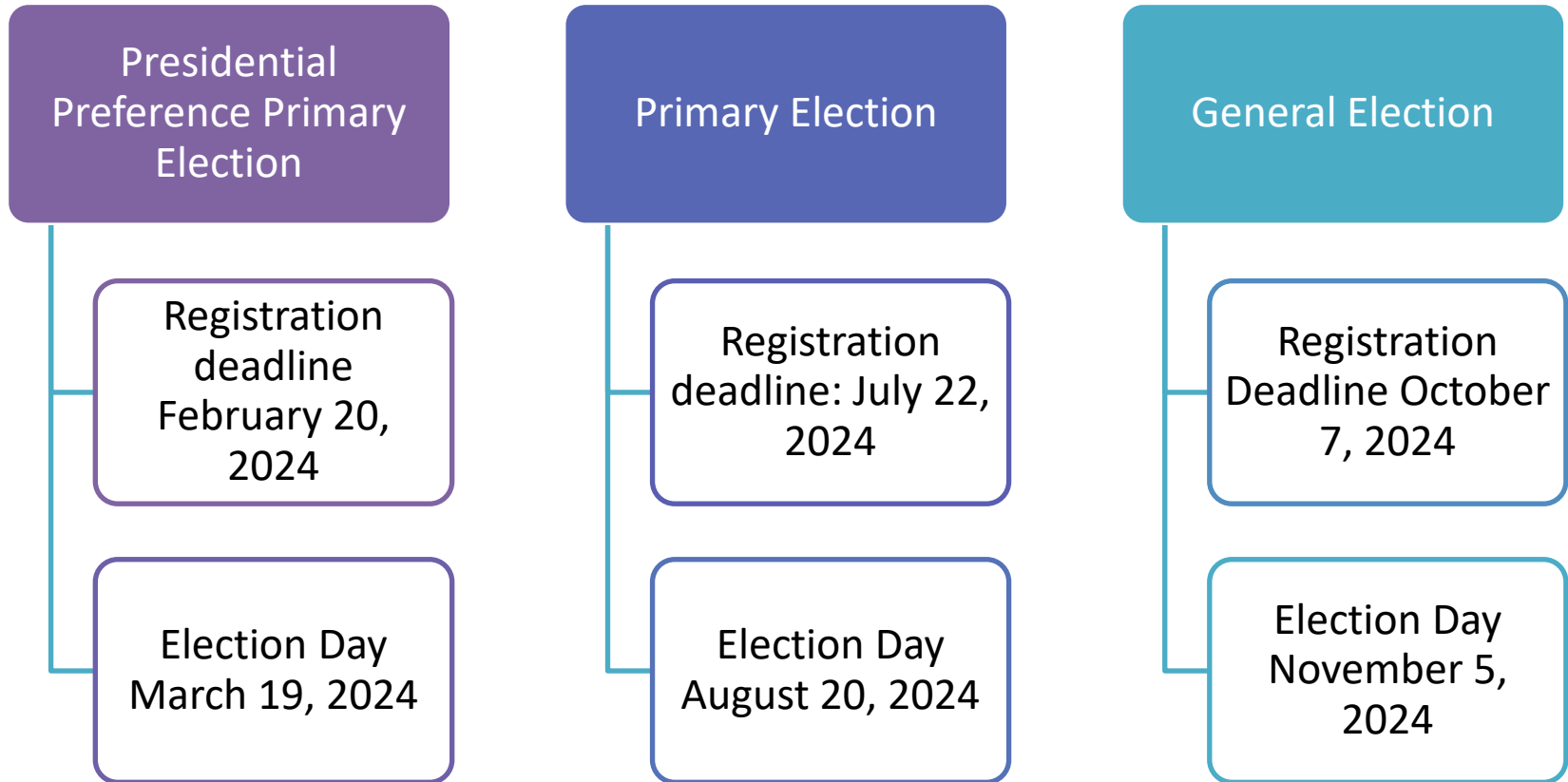
# Key Dates and Contact Information

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SECTION SIX

# Important dates 2024 Election Cycle

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# Contact Information

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## Motorist Services Support

- Kelsey Parten, Tax Collector Support Program Manager
- 850-617-2904; [KelseyParten@flhsmv.gov](mailto:KelseyParten@flhsmv.gov)



## Bureau of Voter Registration Services & Program Administration

- Gina McLeod, Chief, BVRS (HSMV verifications/Electronic Submissions)
- 850-245-6225; [Gina.McLeod@dos.myflorida.com](mailto:Gina.McLeod@dos.myflorida.com)
- Tiffany Morley (blank application form orders)
  - [VRA.Reporting@dos.myflorida.com](mailto:VRA.Reporting@dos.myflorida.com); 850-245-6248



- . Supervisor of Elections
- Contact information online at Division of Elections' website <https://dos.fl.gov/elections/contacts/supervisor-of-elections/>



# FLORIDA DEPARTMENT *of* STATE

For more information, visit us online at:

[dos.myflorida.com/elections](https://dos.myflorida.com/elections)