

Electronic Filing System (EFS) Credential Request Form

Use this form to request verification or reset of credentials for the Division of Elections' EFS.
All fields are required to properly fulfill your request.

NOTE: Passwords can be requested by and released to the candidate/chairperson or any treasurer. PINs can only be requested by the authorized user. A physical, or hand-signed, signature is required of the authorized user. PINs may be released to the assigned user or a designee listed below.

Name/Committee	User Identification / Account Number (if known)
<input type="text"/>	<input type="text"/>

List the designated individual to whom the credentials may be released	Contact Phone Number
<input type="text"/>	<input type="text"/>

Authorized User (select all that apply):

- Candidate/Chairperson
- Treasurer
- Deputy Treasurer

Check the Box of All Information Needed:

- User ID # / Account #
- Password
- PIN

X

Signature of Authorized User
(Required – must be physically / hand-signed)

Date

Requests can be emailed, faxed, or mailed to our office.

Email: ElecRecords@dos.fl.gov | Fax: (850) 245-6259 or (850) 245-6260

Mailing Address: Room 316, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, FL 32399-0250