

## Part 1

# REQUEST FOR APPROVAL & SYSTEM IDENTIFICATION

1. APPLICATION DATE:
2. SYSTEM NAME AND VERSION:
3. APPLICANT(S)-

Name:
Principal Address:
Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Other:
Standing to present application:

Name:
Principal Address:
Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Jurisdiction <input type="checkbox"/> Other:
Standing to present application:

4. VENDOR CONTACT:

Name:		
Mail Address:		
Telephone:	Fax:	Email:

5. TYPE OF APPLICATION:

<input type="checkbox"/> Entirely new system
<input type="checkbox"/> Update of currently approved system (may include new components) – Date of Last Approval:
<input type="checkbox"/> Blended (combination of components from different voting systems)
<input type="checkbox"/> Amended application

Request expedited handling.  
*Justification:*

6. IDENTIFICATION OF SYSTEM COMPONENTS:

**Hardware**

Name (Model #)	Version		Description
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	

CALIFORNIA APPLICATION FOR APPROVAL OF A VOTING SYSTEM  
**Part 1 – REQUEST FOR APPROVAL AND SYSTEM IDENTIFICATION**

		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	

**Software**

<i>Name</i>	<i>Version</i>		<i>Description</i>
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	
		<input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> No Change	

**COTS Components**

<i>Name</i>	<i>Mdl/Version</i>	<i>Manufacturer or Specs; Description</i>

7. FEDERAL QUALIFICATION NUMBER(S) (and Date Qualified)

8. ACCESSIBILITY

Describe the modalities of physical disabilities that are supported by this system and detail the nature of that support:

Detail the alternative languages that are supported by this system:

9. UPGRADE PLAN FOR EXISTING CUSTOMERS – Identify all current California customers that will be affected if this system is approved and detail the plan for their upgrade.

**Part 1 – REQUEST FOR APPROVAL AND SYSTEM IDENTIFICATION**

10. **USERS’ GROUP** – Provide detail on the existing Users’ Group or detail the plan for creating a Users’ Group

11. **COMPLIANCE WITH CONDITIONS OF APPROVAL FOR VOTING SYSTEMS CURRENTLY USED BY CALIFORNIA CUSTOMERS** – Has the applicant and, if applicable, any parent or subsidiary company, fully complied with all conditions set forth in the Secretary of State approval document for all versions of voting systems manufactured or sold by the applicant or parent or subsidiary company that is currently used by one or more California customers?

YES \_\_\_\_ NO \_\_\_\_

If you answered NO, identify in the space provided below or an attachment every condition with which the applicant, parent or subsidiary company has not fully complied and explain the reason(s) for the lack of full compliance.

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12. **COMPLIANCE WITH CONDITIONS OF CERTIFICATION AS A MANUFACTURER OR FINISHER OF BALLOTS CURRENTLY USED BY CALIFORNIA CUSTOMERS** – Has the applicant and, if applicable, any parent or subsidiary company, fully complied with all conditions set forth in the Secretary of State certification of the applicant, parent or subsidiary company as a manufacturer or finisher of ballots that are currently used by one or more California customers?

YES \_\_\_\_ NO \_\_\_\_

If you answered NO, identify in the space provided below or an attachment every condition with which the applicant, parent or subsidiary company has not fully complied and explain the reason(s) for the lack of full compliance.

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**Part 1 – REQUEST FOR APPROVAL AND SYSTEM IDENTIFICATION**

I hereby certify that the information submitted on this form, as well as all attachments and submitted documentation is true, accurate and complete. I further certify that all hardware and software changes from previously approved versions of system components have been clearly identified in Section 5 – Change Log. Finally, I certify that I am legally authorized to sign and submit this application on behalf of the applicant organization(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date