

**APPLICATION FOR PETITION TO QUALIFY A POLITICAL PARTY  
STATE OF HAWAII**

The information contained on this form 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.

<b>SECTION I: PARTY INFORMATION</b>			
NAME OF PARTY:			
NAME OF CONTACT PERSON:			
ADDRESS:			
CITY:	STATE:	ZIP:	
PRIMARY CONTACT NUMBER:		SECONDARY CONTACT NUMBER (OPTIONAL):	
E-MAIL ADDRESS (OPTIONAL):		WEB PAGE ADDRESS (OPTIONAL):	
SIGNATURE:			DATE:
<b>SECTION II: FOR OFFICE USE ONLY</b>			
APPLICATION RECEIVED BY:		DATE & TIME:	
FILED: <input type="checkbox"/> PETITION	SIGNATURES: _____	<input type="checkbox"/> OFFICERS	<input type="checkbox"/> RULES
RECEIVED BY:	FILED BY:	DATE & TIME:	
COMMENTS:			

Application must have original signature. Please submit completed application to:

Office of Elections  
Attn: Ballot Operations  
802 Lehua Avenue  
Pearl City, Hawaii 96782  
Phone: (808) 453-VOTE(8683)