

**Voter Registration Card
Order Form**
for use by SOS tracked Voter Registration Agencies only

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I. General Information

Name:		Date:
Name of Voter Registration Agency:		
Address:		
City:	State: CA	Zip Code:
Shipping Address (if different):		
City:	State: CA	Zip Code:
Telephone:	Email:	

*Please indicate the **QUANTITY** of Voter Registration Cards requested in each language:*

English	Spanish	Chinese	Hindi	Japanese
Khmer	Korean	Tagalog	Thai	Vietnamese

Signature:	Date:
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II. Proposed Method of Distribution (for SOS office use only): Other: **NVRA**

Email This Completed Form To VRC-VNC@SOS.CA.GOV or Fax to (916) 653-3214

Affidavit Numbers: (Office Use Only)

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