

Commonwealth of Virginia  
**CERTIFICATE OF CANDIDATE QUALIFICATION  
 GOVERNOR, LIEUTENANT GOVERNOR OR  
 ATTORNEY GENERAL**

**NOTICE: YOU MUST FILE THIS FORM WITH THE STATE BOARD OF ELECTIONS  
 ELECTIONS BY THE FILING DEADLINE. FAILURE TO DO SO MAY  
 RESULT IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.**

Pursuant to § 24.2-501 of the *Code of Virginia*, I hereby certify that:

- 1. I am a citizen of the United States. [ ] YES [ ] NO
- 2. I am at least thirty years of age or will be on or before the date of the election for the office I am seeking. [ ] YES [ ] NO
- 3. I am seeking the office of **(Governor or Lieutenant Governor)** and have been a resident and registered voter of the Commonwealth of Virginia for at least five years immediately preceding the election. (Answer required, if applicable) [ ] YES [ ] NO
- OR**
- 4. I am seeking the office of **(Attorney General)** and have been a resident of the Commonwealth of Virginia for the year immediately preceding the election. (Answer required, if applicable) [ ] YES [ ] NO
- 5. I now reside at the address shown below.  
 [residence address must be given; post office box or general delivery *is not* acceptable]:

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town \_\_\_\_\_ ZIP \_\_\_\_\_

- 6. I am registered to vote at the above address in the precinct in which I reside. [ ] YES [ ] NO  
 [or my application for registration, transfer, or change of address is on file in the general registrar's office]
- 7. Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472) [ ] YES [ ] NO
- 8. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [ ] YES [ ] NO
- 9. If you answered **YES** to 7, give date of certificate restoring voting rights. DATE OF RESTORATION  
 If **YES** to 8, give date of court order restoring competency.
- 10. I am an attorney admitted to the bar of the Commonwealth at least five years immediately preceding the General Election (For Attorney General Only). [ ] YES [ ] NO

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:		OFFICE SOUGHT	
YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]		YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]	
MAILING OR CAMPAIGN ADDRESS		ELECTION DATE (MM/DD/YYYY)	
		[CHECK ONE SQUARE BELOW]	
		<input type="checkbox"/> Democratic Primary	<input type="checkbox"/> General Election
		<input type="checkbox"/> Republican Primary	<input type="checkbox"/> Special Election
E-MAIL ADDRESS		(AREA CODE) HOME TELEPHONE	
WEB ADDRESS		(AREA CODE) BUSINESS TELEPHONE	

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

PLACE PHOTOGRAPHICALLY REPRODUCIBLE  
 NOTARY SEAL/STAMP BELOW

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 DATE

State of \_\_\_\_\_ County/City of \_\_\_\_\_

The foregoing instrument was subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

PRINT NAME OF CANDIDATE

\_\_\_\_\_  
 SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

\_\_\_\_\_  
 NOTARY REGISTRATION NUMBER

\_\_\_\_\_  
 DATE NOTARY COMMISSION EXPIRES

**KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.  
 THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.**

# How Candidate Names May Appear on the Ballot

Candidate names for all offices except President/Vice President must use these criteria:

Criteria		
<b>First name or initial</b>	First name or initial or familiar form of first name	
<b>Middle name or initial</b>	Middle name or initial or familiar form of middle name (Initials may be used in lieu of either the first or middle name or both)	
<b>“Nickname” (optional)</b>	Must be in double quotation marks, if used	
<b>Last name</b>	Last name as it appears on the candidate’s voter registration record	
<b>Suffix</b>	Must be used if included on the candidate’s voter registration record	
Notes		
<b>Title:</b> Do not include a title before or after the name. Examples of titles include: Rev., Dr., Mrs., Mr., etc.		
<b>First or Middle Name:</b> The first or middle name must be the candidate’s given name, not a spouse’s. EXAMPLE: Mary L. Jones not Mrs. John W. Jones		
<b>Length:</b> The full candidate name must fit on a single line of the ballot.		
<b>Exceptions:</b> If the candidate name cannot meet the above requirements because it will not fit on a single line or there is no middle name – or for any other reason – contact the Department of Elections for acceptable accommodations.		
Examples		
Candidate’s full name is <b>Robert Eugene Williams, Jr.</b> ( <i>not all possible combinations are represented</i> )		
Robert Eugene Williams, Jr.	Robert E. Williams, Jr.	Robert Gene Williams, Jr.
Rob Eugene Williams, Jr.	Rob E. Williams, Jr.	Rob Gene Williams, Jr.
Robbie E. “Blue Jeans” Williams, Jr.	R. E. Williams, Jr.	R. E. “Blue Jeans” Williams, Jr.
President/Vice President		
Presidential and vice-presidential candidate names appear on the ballot as specified to the State Board by the nominating party or candidate.		

## SOCIAL SECURITY NUMBER

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The General Registrar or Department of Elections, when copying this document for public inspection, must redact the social security number.

## RETURN TO

Refer to the appropriate Candidate Bulletin for details on where, when and how to return this form.

**FURTHER INFORMATION** The Candidate Bulletin and forms required to be filed can be downloaded from our website: <http://elections.virginia.gov/>.

Should you have questions relating to your candidacy, please do not hesitate to call the Department of Elections.

**(804) 864-8901 OR Toll-free: (800) 552-9745**