Elections System of the Virgin Islands

CANDIDATE VERIFICATION

I warrant, to the best of my knowledge, all of the information provided in this Candidate Verification Form is true, as of this date. If any information provided by me is determined to be false, such false statement could result in my disqualification as a Candidate for the respective office.

Pursuant to the Help America Vote Act of 2002, P.L. 107-§303, the Revised Organic Act of 1954 Section 6(b) & Virgin Islands Code Title 18, Chapter 1, §4(b) (3), Chapter 5 §109, subsections (e) and (f), Chapter 13, §263 and Chapter 17, §411(b).

I understand and agree that this is a nomination and does not guarantee that I will qualify for candidacy. I hereby authorize the Elections System to verify any and all of the information provided by making the appropriate investigation necessary to verify the information in my nomination papers and affidavit for candidacy.

Candidate's Printed Name:_____

Candidate's Signature: _____ Date:_____
(Must be signed in the presence of a notary)

Subscribed and affirmed to before me this _____ day of _____ , 20___.

_____
(Notary/Official Signature)

_____
(Commission Expires)

TEL (340) 773-1021 (St. Croix) (340) 774-3107 (St. Thomas) - (340) 776-6535 (St. John)