Candidate Acceptance of Designation Form

For CDOS office use only

1 Office information Select or print which office and district (if applicable) you are running for.

Office _____   District _____

2 Candidate name Enter both your full legal name and your name <u>exactly</u> as it will appear on the official ballot.

Full legal name _____

On-ballot name _____

3 Candidate address Enter your physical address; PO Boxes or mailing addresses are not acceptable.

Address (not P.O. Box) _____

City or Town _____   State _____   Zip _____

4 Mailing address Enter your mailing address; PO Boxes are acceptable.

Address _____

City or Town _____   State _____   Zip _____

5 Contact information Enter your phone number(s) and email address(es) as applicable.

Candidate personal phone number _____

Candidate business or campaign phone number _____

Candidate email address _____

Campaign email address _____

6 Voter registration Information Enter the information on file with your county clerk.

Year of birth _____   County of registration _____

Party affiliation _____

7 Affirmation Candidate should read affirmation then sign and date.

I hereby accept the nomination and affirm that I meet all qualifications for the office prescribed by law. Furthermore, the information provided on this form is, to the best of my knowledge, true and correct.

Candidate, sign in blue or black ink (Required)

| X | |

Date (mm/dd/yyyy) _____

No notarization is required for this form

8 Submit Send this form eletronically or in person using the information below.

Designation and acceptance forms **must be filed no later than 4 days after adjournment** of the party assembly.
Scan and email this form to: Ballot.Access@ColoradoSOS.gov
Originals must also be mailed and **postmarked no later than 10 days after the adjournment** of the assembly to Colorado Department of State - Ballot Access Unit 1700 Broadway Ste 550 Denver, CO 80290

12.2025