NEW YORK STATE VOTER REGISTRATION FORM

TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer "No," do not complete this form.

Box 2: Must be completed. If you answer "No," do not complete this form unless you are a New York resident who was born in the United States.

Box 3: Give your mailing address if it is different from your home address (post office box no., street route or rural route no., etc.).

Box 4: The completion of this box is optional.

Box 5: Must be completed. If you have a current DMV number (driver's license number or non-driver ID number), you need to provide that number. If you do not have a current DMV number, you must provide the last four digits of your social security number.

Box 6: If you have never voted before, write "None." If you can't remember when you last voted, put "question mark (?)." If you voted before under a different name, put down that name. If not, write "Same." If you voted before under a different name, put down that name. If not, write "Same."

Box 7: In order to vote in a primary party, you must be enrolled in one of New York's five participating parties. Check one box only.

Box 8: This application must be signed and dated in ink.

If you would like an application for an absentee ballot or would like to become an ELECTION DAY WORKER, please check the corresponding box below.

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), the last four digits of your social security number, as required in Box 6 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote. A sample of the identification you may provide includes a valid photo ID, a current utility bill, back statement, government check, or some other government document that shows your name and address.

If you include a copy of any identification with this application, be sure to tape the sides of this form closed.

<table>
<thead>
<tr>
<th>Your organization or unit membership</th>
<th>Address change</th>
<th>Party membership change</th>
<th>Name change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I want an application for an absentee ballot</td>
<td>Address change</td>
<td>Party membership change</td>
<td>Name change</td>
</tr>
</tbody>
</table>

Please print or type in blue or black ink:

For Board Use Only:

Address Where You Live (do not give PO. Box)

Address Where You Can Mail Ballot (do not give PO. Box, use Mailing Address)

Date of Birth

Sex

Race

Height

Weight

Religion

Place of Birth

Home State

Name (optional)

DMV Number: Check the applicable box and provide your number.

New York

DMV Number

NEW YORK STATE VOTER REGISTRATION FORM

BREATH REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 4939 NEW YORK, NY

POSTAGE WILL BE PAID BY ADDRESSEE

BOARD OF ELECTIONS

32 BROADWAY 7th Fl.

NEW YORK, NY 10276-0067

NO POSTAGE

NECESSARY

IF MAILED

IN THE

UNITED STATES