



Request for Examination and Test of Voting System

Vendor Name: _____

Address: _____

Street Address City State Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

System to be examined: _____

EAC number (if any): _____ Date System Available for Purchase: _____

I request that the Secretary of the Commonwealth and his examiner(s) examine and test the system described above and in the attached documents for the purpose of determining whether the voting system may be certified for use in the Commonwealth of Pennsylvania. I will pay the costs of this examination and test, including the examiners' fees and expenses. I understand that a deposit of fifteen thousand dollars (\$15,000) is to be paid to the Commonwealth of Pennsylvania before the examination is scheduled.

I understand that the \$15,000 deposit is non-refundable, except that only the unexpended portion of the deposit may be returned if I withdraw the voting system from examination prior to the twentieth day before the date of the examination. I also understand that I will pay any examiners' fees that have accrued above \$15,000 if I withdraw the voting system from examination after the twentieth day before the date of the examination.

I agree to submit this equipment for further examination if any changes are made following its approval for use. I understand that certification will be denied or rescinded if the examiner(s)

and/or the Secretary of the Commonwealth determine that this voting system does not meet the requirements of the Pennsylvania Election Code. I understand that voting systems that have not been approved by the examiner(s) and the Secretary of the Commonwealth cannot be used at any election in the Commonwealth of Pennsylvania. I certify that I have read the Directive Concerning the Conduct of Electronic Voting System Examinations by the Commonwealth of Pennsylvania issued by the Secretary of the Commonwealth and I agree to be bound by its terms.

Signature: _____ Title: _____

Name of Company/Organization: _____

State of _____

County of _____

This record was acknowledged before me on _____ (date) by _____
_____ (name(s) of individual(s)) as _____
_____ (type of authority, such as officer or trustee) who represent(s) that
(he, she or they) (is/are) authorized to act on behalf of _____
_____ (name of party on behalf of whom record was executed).

Signature of Notarial Officer

NOTARIAL SEAL

Title of Office: _____

My commission expires: _____