Field Registrar Application

Complete this application to become a Field Registrar or to update your Field Registrar profile with the Clark County Election Department. Please print clearly and complete all applicable fields.

Full Name: _____
(last/first/middle)

Identification #: _____

Residential Address: _____

_____

Mailing Address *(optional)*: _____

_____

Place of Employment: _____ Dept.: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Please list any civic groups or organizations you are affiliated with: _____

_____

Are you bilingual? ☐ Yes ☐ No Languages?: _____

Signature: X _____ Date *(mm/dd/yyyy)*: _____

☐ Yes, I authorize the Election Department to release my name and telephone number to organizations who may be requesting a list for the purpose of voter registration.

☐ No, do not release my name and telephone number to anyone. I prefer to be contacted only by the Election Department for the purpose of registering voters.

Mail: Clark County Election Dept., P.O. Box 3909, Las Vegas, NV 89127-3909
In Person: Clark County Election Dept., 965 Trade Dr., Suite A, North Las Vegas, 89030
Email: *(scanned PDF preferred)* FRandMNDinfo@clarkcountynv.gov ▪ **Fax:** (702) 455-2981