ARKANSAS APPLICATION FOR ABSENTEE BALLOT

UOCAVA

(Revised 03/14)

IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO $10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.

TO COUNTY CLERK: _____ **DATE:** _____

_____

_____

➢ I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:

[ ] I will be unavoidably absent from my polling site on Election Day, OR
[ ] I will be unable to attend the polls on Election Day because of illness or physical disability, OR
[ ] I reside in a long-term care or residential facility licensed by the state.

➢ I RESIDE [CHECK ONE]:

[ ] within the county in which I am registered to vote.
[ ] outside the county in which I am registered to vote.
[ ] I am a member of the merchant marine or uniformed services of the United States *on active duty or service* (UOCAVA).
[ ] I am a United States citizen residing outside the territorial limits of the U.S. and the District of Columbia (UOCAVA).
[ ] I am a spouse or dependent of a member of the merchant marine or uniformed services of the United State who will be absent from the place where I am qualified to vote because of the member's active duty or service (UOCAVA).

➢ I REQUEST THE APPROPRIATE ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTIONS:

[ ] Nonpartisan General Election only
[ ] Preferential Primary/Nonpartisan General & Preferential Primary Runoff

[INDICATE POLITICAL PARTY PREFERENCE]: _____

[ ] General Election/Nonpartisan Runoff & General Election Runoff
[ ] Annual School Election and Runoff
[ ] Special Election on _____(Date) and Runoff, if applicable.
[ ] All elections for **one calendar year.** *I am a voter with a disability, in a long-term or residential care facility, or living outside the county.* **[INDICATE POLITICAL PARTY PREFERENCE]:** _____
[ ] All Elections through the next Federal General Election cycle. *I am a UOCAVA* voter.

[INDICATE POLITICAL PARTY PREFERENCE]: _____

➢ I WILL RECEIVE MY BALLOT BY [CHECK ONE]:

[ ] Coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election.
[ ] Electronic Means* – My email address is: _____ ***(Only available for UOCAVA voters)**
[ ] Mail. I request that you mail my ballot to the following address:

_____

_____

_____

[ ] Designated Bearer, Administrator, or Authorized Agent: [PRINTED NAME] _____

Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school, special election, preferential primary, or general election or the 7 days before a runoff or general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars ($10,000) or imprisonment for up to ten (10) years, or both under federal laws.

_____	_____
Printed or Typed Name of Voter	Signature of Voter
_____	_____
Voting Residence Address of Voter	Date of Birth of the Voter
_____	_____
City or Town, State and Zip Code	Signature of Bearer, Administrator, or Agent (if applicable)

RETURN THIS APPLICATION TO YOUR COUNTY CLERK.

You may obtain your County Clerk's UOCAVA return address for your Absentee Ballot Application at the following link:
http://www.sos.arkansas.gov/elections/Documents/ClerkListUOCAVA.pdf