

**APPLICATION TO MAINTAIN CERTIFICATION  
FOR ASSISTANT ELECTION ADMINISTRATORS**

Name \_\_\_\_\_ Title \_\_\_\_\_

County \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Must be submitted no later than: **January 31, 2010**

**Refer to WAC 434-260-300 – 310 for rules pertaining to the maintenance of certification of election administrator's.**

Please list course titles and hours sponsored by the following:

1. **Washington Association of County Auditors** (If you attended the Annual Election Administrators Conference include the hours here.)

Hours Title

\_\_\_\_\_  
\_\_\_\_\_

2. **Office of the Secretary of State**

Hours Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **The Elections Center**

Hours Title

\_\_\_\_\_  
\_\_\_\_\_

4. **Visiting other county election departments for training and/or orientation purposes** (maximum 2 hours)

Hours County

\_\_\_\_\_  
\_\_\_\_\_

5. **The Election Assistance Commission**

Hours Title

\_\_\_\_\_  
\_\_\_\_\_

6. **Other national associations related to elections or government administration, approved by the Election Administration and Certification Board**

Hours Title

\_\_\_\_\_  
\_\_\_\_\_

7. **Other conferences or courses approved by the Election Administration and Certification Board**

Hours Sponsor and Title

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **TOTAL NUMBER HOURS (minimum of 6 hours)**

Signature of County Auditor (or other approving county authority), *attesting to the accuracy of the information on this form.*

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Print Name Date

Send this completed form to:

Kay Ramsay, Program Specialist  
Office of the Secretary of State  
Elections Certification and Training Program  
P.O. Box 40232  
Olympia, WA 98504-0232  
Fax: 360.664.4619