

# APPLICATION FOR INITIAL CERTIFICATION

## ELECTION ADMINISTRATOR

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

County \_\_\_\_\_ Beginning Elections Service Date \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

Requirements: **Refer to WAC 434-260-220 thru 350 for rules pertaining to the certification of election administrators.**

(1) **Attended Secretary of State Orientation Workshop** DATE \_\_\_\_\_

(2) **Experience as an elections administrator or a deputy administrator**

YEARS \_\_\_\_\_ (a) Auditor, Elections Supervisor, Director, or Manager

YEARS \_\_\_\_\_ (b) Other Elections Position

(3) **Passed Written Certification Exam.** DATE \_\_\_\_\_

(4) **Additional 40 hours for conferences or workshops by organizations listed below.  
(If additional space is needed, please attach a separate sheet.)**

### HOURS

\_\_\_\_\_ (a) Washington State Association of County Auditors (WSACA) **NOTE: List the Annual Election Administrators' conference here!**

\_\_\_\_\_ (b) Secretary of State

\_\_\_\_\_ (c) The Elections Center

\_\_\_\_\_ (d) Visiting other county election departments for training and/or orientation (maximum 4 hours)

\_\_\_\_\_ (e) The Election Assistance Commission (EAC)

\_\_\_\_\_ (f) Other national associations related to elections or government administration, approved by the Election Administration and Certification Board (attach listing)

\_\_\_\_\_ (g) Other conferences or courses approved by the Elections Administration and Certification Board (attach listing)

\_\_\_\_\_ TOTAL HOURS

