

Figure 1: 1 TAC §81.60(2)

The State of Texas



Elections Division
 P.O. Box 12060
 Austin, Texas 78711-2060
 www.sos.state.tx.us

Phone: 512-463-5650
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 (800) 252-VOTE (8683)

Application for Texas Certification of Voting System - Form 100

Name of Company	
Voting System Name and Release #	
Street Address, City, State, Zip	
Contact Name & Title	
Phone Number	
Fax Number	
E-Mail Address	

	Component Submitted for Certification	Version/ Firmware #	Previous Texas Certification Date*	EAC/NASED Qualification Date for this Version	EAC/NASED Qualification Number for this Version
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

*For the most recent certification, or state "None"

Materials Checklist (Indicate materials submitted with an “X”)

7 copies of the following (5 copies in electronic format and 2 hard copies):	
	Completed application Forms 100 and Form 101
	If applicable, attach Form 100 - Schedule A, listing recommendations/issues made from previous Texas examination. List how they have been corrected or addressed. If they have not, explain why.
	If component has been modified, include log detailing changes from the previously Texas certified version
	Nationally accredited voting system test laboratory reports of all tests (including summary) conducted on items submitted
	Operating Manual(s)
	Maintenance Manual(s)
	Training Manual(s)
	Technical Specifications
	Operational Specifications
	List all COTS hardware/software used with the system and their version numbers – If listed in a nationally accredited test laboratory reports, state where
	List all configurations that will be marketed and sold in Texas - indicate if the optical scan will be used as a precinct count, central count, or both
	Provide complete step-by-step installation instructions for all software installs and configurations specific to Texas
	List of other election jurisdictions where system is in use or has been in use

Acknowledge which voting system test laboratory has been notified to send a copy of the software and source code and expected delivery date to our office.

Nationally accredited voting system test laboratory Name	Delivery Date

Signature of Person Making Request	Title	Date

Please submit the certification fee and all relevant materials to:

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