

**State of Iowa**  
**Request for Examination and Test by the Board of Examiners for Voting Systems**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

System to be examined: \_\_\_\_\_

EAC number (if any): \_\_\_\_\_ Date System Became Available for Purchase: \_\_\_\_\_  
Date

*I request that the Iowa Board of Examiners for Voting Systems examine and test the system described above and in the attached documents for the purpose of determining whether this voting system will be certified for use in the State of Iowa. I will pay the costs of this examination, including the examiners' fees and expenses. I understand that the examiners' fee of one hundred fifty dollars each is to be paid before the examination begins.*

*I will also pay the fees of any consultants employed by the examiners to assist in the evaluation of the equipment and to advise the examiners as to the sufficiency of the equipment. I understand that I have the right to suggest the names of reliable independent test authorities to the examiners and may decline to submit the equipment to the examination of an individual for good reason. I understand that a production model of the equipment submitted for certification shall be made available to the examiners and their consultant, if any.*

*I agree to submit this equipment for further examination if any changes are made following its approval for use. I understand that certification will be denied or rescinded if the examiners determine that this voting system does not meet the requirements of the Code of Iowa and the Iowa Administrative Code. I understand that voting systems that have not been approved by the Examiners cannot be used at any election in the State of Iowa.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ Signed and sworn (or affirmed) before me on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Print name of person who signed above

X \_\_\_\_\_  
Signature of Notary Public

Notary Stamp or Seal

**Important Note:** Attach a full list of all components, including software version numbers, hardware components with model numbers and firmware version numbers, and other required documentation as required in the *Iowa Administrative Code* 721—22.5.

The application will be reviewed for completeness. After the application is accepted the Secretary of State's staff will schedule an examination at a time when all members of the Board of Examiners and the vendor can be present. Examinations are ordinarily held at the office of the Secretary of State at 321 E. 12<sup>th</sup> Street, Des Moines, Iowa. All examinations are subject to Iowa's open meetings laws and are, therefore, open to the public. For more information contact the Director of Elections at:

Dawn Williams  
Office of Iowa Secretary of State  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

Phone: (515) 281-0145  
Email: [dawn.williams@sos.state.ia.us](mailto:dawn.williams@sos.state.ia.us)