

NEW YORK STATE BOARD OF ELECTIONS  
ELECTION OPERATIONS UNIT – ATTN: TARRY A. BREADS  
40 STEUBEN STREET  
ALBANY, NEW YORK 12207

**APPLICATION FOR MODIFICATION OF CERTIFIED VOTING SYSTEM**

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NAME OF VENDOR:

CONTACT PERSON:

ADDRESS OF COMPANY:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

CELL PHONE:

FEDERAL TAX ID NUMBER:

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**VOTING SYSTEM MODIFICATION INFORMATION**

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NAME OF SYSTEM:

MODEL NUMBER:

CHECK ALL THAT APPLY BELOW AND PROVIDE A DESCRIPTION OF EACH MODIFICATION:

- MODIFICATION TO HARDWARE
- MODIFICATION TO SOFTWARE
- MODIFICATION TO FIRMWARE

DESCRIPTION OF MODIFICATION & RELEASE NUMBER FOR EACH:

DATE VOTING SYSTEM MODIFICATION AND CHANGE CONTROL DOCUMENTATION WILL BE DELIVERED TO THE NEW YORK STATE BOARD OF ELECTIONS FOR EXAMINATION:

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DATE OF APPLICATION:

SIGNATURE OF APPLICANT: \_\_\_\_\_

(President, CEO or COO)

TITLE: \_\_\_\_\_

**SBOE USE ONLY**

MODIFICATION #