

U.S. Election Assistance Commission

OMB Control # XXXX-XXXX Expires: 9/30/2025

Election-Supporting Technology Manufacturer Registration Application

1. Manufacturer Information	n				
Legal Name of Business:					
Address of Business:					
City			State	Zip Code	
Organization Type:	Corporation	Partnership	Sole Pro	oprietor	
	Other (Please Explain)				
Name of Individual or Entity with Controlling Ownership of Organization:					
Name of Individual or Entity with Foreign Ownership Interest in Organization:					
Name of Officers, Board Directors, and all Partners:					

Management Represent	ative					
Representative Name: (Last, First, Middle Initial)						
Title or Designation:						
Phone Number:	()	-	Email:		
Full Mailing Address: (If different from business)						
City				State	Zip Code	
Technical Representativ	e					
Representative Name: (Last, First, Middle Initial)						
Title or Designation:						
Phone Number:	()	_	Email:		
Full Mailing Address: (If different from business)						
City				State	Zip Code	
Briefly describe your quality part of this application.	system (e.g. ISO 90	001). Provide <u>v</u>	your written policies	s supporting this desc	ription as a
	Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: Full Mailing Address: (If different from business) City Technical Representative Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: Full Mailing Address: (If different from business) City Briefly describe your quality	Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City Technical Representative Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City Full Mailing Address: (If different from business) City Briefly describe your quality system (Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: Full Mailing Address: (If different from business) City Technical Representative Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: Phone Number: (If different from business) City Briefly describe your quality system (e.g. ISO 90)	Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City Technical Representative Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City Briefly describe your quality system (e.g. ISO 9001). Provide y	Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City State Technical Representative Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (If different from business) City State Briefly describe your quality system (e.g. ISO 9001). Provide your written policies	Representative Name: (Last, First, Middle Initial) Title or Designation: Phone Number: (

Form EAC XXXX

this application.	
-	etention requirements. Provide your written policies supporting this description as
part of this application.	
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company to manufacture yo	state/province, postal code, country, and phone number for all facilities used by your our product, and the name, title, address, email address, and phone number for a
company to manufacture yo	
person at each facility.	our product, and the name, title, address, email address, and phone number for a
person at each facility. Manufacturer Registrat	our product, and the name, title, address, email address, and phone number for a
company to manufacture you person at each facility. Manufacturer Registrat	ion Agreement he program and promote quality assurance, manufacturers must agree to all provision
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Manufacture your manufacture you person at each facility. Manufacturer Registrate To protect the integrity of the manufacture as stated in the Manufacture Evaluation Program Manual	ion Agreement he program and promote quality assurance, manufacturers must agree to all provision er Agreements section in the currently effective Election Supporting Technology.
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For EAC Official Use Only					
Manufacturer's Designation:					
Notes:					

Instructions

This form provides for the registration of election-supporting technology manufacturers. Registration is the initial required step in the EAC Election Supporting Technology Evaluation Program (ESTEP). This form is prescribed by the Program Manual of the Election Supporting Technology Evaluation Program.

This form is generally self-explanatory, however, the numbers and the instructions below correspond to the numbered sections of the form.

1. Manufacturer Information

- Name of Individual or Entity with Controlling Ownership in the Manufacturer: Ensure that the controlling individual is properly named and an address is provided.
- Name of Individual or Entity with Foreign Ownership Interest: Ensure that any individual or entity with foreign ownership is properly named and an address is provided.
- Names of Officers and/or Board of Directors and/or all Partners: Ensure that all individuals are identified by name and title.
- 2. Management Representative: Please provide the name and information requested for the designated Manufacturer Representative.
- 3. Technical Representative: Please provide the name and information requested for the designated Technical Representative.
- 4-7. System Identification: Provide information as requested and attach to your submission the written documentation required.
- **8. Manufacturer Certification Agreement:** Manufacturers are required to take or abstain from certain actions consistent with the certification program. Your concurrence to these requirements is signified by affixing the signature of the manufacturer representative.

If there are any questions regarding this form, please contact ESTEP via estep@eac.gov.

Maintaining Registration

The EAC will contact the manufacturer representative within 10 business days of form submission to confirm whether the application has been accepted or rejected. After a manufacturer has received notice that it is registered, it is eligible to participate in the program. Manufacturers will be issued a unique, three-letter identification code that is used to identify the manufacturer and its products. Manufacturers are required to keep all registration information up to date. Manufacturers must submit a revised application form to the EAC within 30 days of any changes to the information required on the application form. Manufacturers will remain registered participants in the program during this update process. The EAC will add the manufacturer to the EAC's listing of registered manufacturers that is publicly available at http://www.eac.gov.

This information will be used solely to administer the EAC Election Supporting Technology Evaluation Program. This program is voluntary, however, individuals who wish to participate must meet the requirements of the Program. This information will be made public consistent with the requirements of the Freedom of Information Act, the Trade Secrets Act, and any other applicable Federal law or regulation. Public reporting burden for this collection of information is estimated to average about 27 hours for completion of this form. This estimate includes the time for reviewing the instructions, gathering information and completing the form. Send comments regarding this burden estimate to the Election Supporting Technology Evaluation Program Director, U.S. Election Assistance Commission, 633 3rd Street N.W., Suite 200, Washington, DC 20001. Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to respond to, or comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.