

State of Indiana
Voting System Technical Oversight Program (VSTOP)
Voting System Field Testing

Vendor Name:	
Vendor Address (Number, Street, City, State, & ZIP):	
Vendor Phone Number:	
Vendor Representative Name(s) Printed:	
Voting System Name:	Voting System Model Number:

I swear or affirm that the information on this form and that I am about to present and provide during the video recorded voting system field testing is correct to the best of my knowledge. I understand that making a false statement during the field testing may constitute the crime of perjury.

Signature:	Date (month, day, year):
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The above record was acknowledged before me at _____, Indiana on the date of _____.

Printed Name of Notary:	
Signature of Notary:	
Date:	My Commission Expires On: