

# Electronic Filing System (EFS) Credential Request Form

Use this form to request verification or reset of credentials for the Division of Election's EFS.

All fields are required to properly fulfill your request.

Name/Committee

Signature (Required)

User Identification Number/Account Number (if known)

Are you the:

Candidate/Chairperson

Treasurer

Deputy Treasurer

Check the Box for All Information Needed:

User ID #/Account #

Password

PIN

List below the individual the credentials may be released to:

\_\_\_\_\_

Contact Phone Number:

Requests can be faxed, mailed, or emailed to our office.

Fax: (850) 245-6259 or (850) 245-6260 Email: ElecRecords@dos.myflorida.com

Mailing Address: 500 S. Bronough Street, Tallahassee, FL 32399

**\*NOTE: Passwords can be requested by and released to the candidate/chairperson or any treasurer. PINs can only be requested by the authorized user. PINs may be released to the assigned user or a designee referenced above.**