



STATEMENT OF TRAINING COMPLETION HEAD ELECTION JUDGE TRAINING

Head election judges in the State of Minnesota are required to complete 1 additional hour in **addition** to the Basic election judge training.

I Certify that I have completed: On-line **Head** Election Judge Training

Certification Statement:

I certify that I have completed the election judge training as indicated above for County/Municipal/School District Election Clerks.

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Name of the polling place that you will be working as an election judge:

(Name of Municipality or if school district election-Name of School District)

Signature: _____ Date: _____
(electronic or handwritten signature are both acceptable)

Please return the completed form to:

Via Email: cass.voter@co.cass.mn.us

OR

Via Fax: 218-547-7278