

**Primary Candidate's Consent and Certification of Enrollment  
and Qualifications for County Sheriff**

\_\_\_\_\_ **Party**

**Legal name of candidate as it will appear on the ballot\*:**

\_\_\_\_\_ (Last name and suffix, if any)

\_\_\_\_\_ (First name)

\_\_\_\_\_ (Middle name or initial)

Phonetic pronunciation of name for accessible audio ballot: \_\_\_\_\_  
(Ex: Colin Boucher - "KO-Lin BOW-cher" or "Kollin Bushy")

Voting residence address of candidate: \_\_\_\_\_  
(Street address - not P.O. Box) (City, town, plantation, or township; zip code)

*\*See Title 21-A, §601(2)(B-1) and (H) for requirements for listing candidate names on the ballot.*

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**Qualifications for County Office (21-A MRSA §333)**

As of the deadline for filing nomination petitions for the primary election ballot, the person must:

- Be a resident of the county for which the person seeks the office of Sheriff; and
- Be a registered voter in the county for which the person seeks the office of Sheriff.

**Qualifications for County Sheriff (30-A §371-B)**

Each candidate for the office of County Sheriff must complete either **(A.) Statement of Qualifications** or **(B.) Statement of Exception** by placing a check mark by the appropriate statement. The candidate also must complete the candidate's consent on the reverse side of the form and have the consent notarized before a notary public.

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☐ **A. Statement of Qualifications (Pursuant to 30-A MRSA §371-B, Sub-§3)**

- I hereby swear to or affirm the Law Enforcement Code of Ethics.
- I agree to submit to a criminal background investigation to confirm that I have not been convicted of a Class C or higher crime.
- I further attest that my date of birth is \_\_\_\_\_ and that the following is a complete list of former names I have used *(If not applicable, so state):* \_\_\_\_\_
- I have attached written certification from the Maine Criminal Justice Academy that I have:
  - 1) Met the basic law enforcement training standards under 25 MRSA §2804-C; or
  - 2) Met the basic corrections training standards under 25 MRSA §2804-D.
- I further swear or affirm that I have at least two years of supervisory employment experience in law enforcement or corrections or a combination of both and have submitted the name, address and telephone number for the relevant employer or employers. *(Attach a separate sheet providing the name, address and phone number of the employer, or employers, under which you have met this qualification.)*

☐ **B. Statement of Exception (Pursuant to 30-A MRSA §371-B, Sub-§4)**

- I hereby attest that I meet the qualifications contained in 30-A MRSA §371-B, Sub-§3, because I was either serving in the office of Sheriff on June 26, 1997, or had served in the office of Sheriff prior to that date.

*(Complete Candidate's Consent and Certification of Enrollment on reverse)*

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### Candidate's Consent

I hereby declare my consent to accept the nomination of the primary election. I further declare that my residence is in the municipality listed above; that I am enrolled in the party named on this consent; that I meet the qualifications to hold this office; and that this declaration is true.

\_\_\_\_\_  
(Signature of candidate)

Subscribed to and sworn before me on this date: \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of notary public)

\_\_\_\_\_  
(Printed name of notary public)

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### Certification of Candidate's Enrollment

(To be completed by the registrar in the candidate's municipality of residence)

I hereby certify that, \_\_\_\_\_,  
(Name of candidate as it appears on municipality's voting list)

is enrolled in the party named on this consent as of this date, and has not filed an application to change enrollment on or after January 1, 2026.

\_\_\_\_\_  
(Signature of registrar/municipal clerk)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of city, town, plantation, or township)

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**Filing deadline for "Candidate's Consent and Certification of Enrollment" and "Primary Nomination Petitions" to be received by the Secretary of State is 5 p.m., Monday, March 16, 2026.**

*(Complete Statement of Qualifications or Statement of Exception on reverse)*