

MCT Certification Hours Reporting Form

Name:		Title:	
Municipality:		County:	
HINDI #:		Phone:	
<small>(e.g. 10101)</small>		<small>[e.g. (555) 555-5555]</small>	
Class Description (e.g. MCT Core, Webinars, WisVote, County Clerk training, etc.):	Date (mm/dd/yyyy)	Number of hours:	
	Total:		
I certify the above is true and correct.			
Signature:			
	Signature (or typed name if submitted by email)		(mm/dd/yyyy)
<p>Instructions: Please fill out the highlighted fields. Hour totals will readjust if you are entering multiple activities. You may submit this form by email, fax or mail. <u>To email this form:</u> Save the form, fill it out electronically, attach it to an email and send to elections.training@wi.gov <u>To fax this form:</u> Save the form, fill it out by computer or by hand, print it out and fax to : MCT Training, 608-267-0500. <u>To mail this form:</u> Save the form, fill it out by computer or by hand, print it out and mail to: Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984</p>			