



ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR SYSTEM CERTIFICATION

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED ON THE APPLICATION FORM. SIGNATURE MUST BE ORIGINAL.

TYPE OF APPLICATION (Check all boxes that apply) Single County Multi-County (Requires completion of ERDS 0001B form)
 Type 1 Type 2 Type 1 and 2 **RETURN FUNCTION VIA AN ERDS** Yes No

SECTION A - County Recorder or Lead County Recorder

COUNTY		COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL		

SECTION B - Application Check List

The following documentation shall be submitted in conjunction with the submission of this application.

CHECK BOX IF COPY IS ATTACHED:

County Resolution

Letter of Deposit

Vendor of ERDS Software Contract (if any). If internal county resources or another public entity are being used to develop an ERDS in lieu of a vendor, it shall be noted in the county's resolution.

Computer Security Auditor Contract

Successful initial system audit report

Proof of fingerprint submission for individuals designated a secure access role

List of all users with secure access and/or authorized access

Statement of Understanding (ERDS 0011)

Sub-County Application (ERDS 0001B) and required documentation, if applying for multi-county ERDS certification

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature: _____ Print Name: _____ Date: _____

APPLICATION SUBMISSION

The information on this application and all required documentation becomes the property of the Department of Justice and will be used by authorized personnel.

<p>Mail to: California Department of Justice Electronic Recording Delivery System Program P.O. Box 160526 Sacramento, CA 95816-0526 Phone: (916) 227-8907</p>	<p>DOJ USE ONLY</p> <p>Cert # _____ Tracking # _____</p> <p>Date Rec'd _____ HDC Date _____</p> <p>Response Date _____ Rev. By _____</p> <p>Analyst _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
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