



ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR COMPUTER SECURITY AUDITOR APPROVAL

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

TYPE OF APPLICATION (Check one box only)

INITIAL RENEWAL

SECTION A - Auditor Information

APPLICANT NAME		DRIVER LICENSE NUMBER	ERDS CERTIFICATE NUMBER (Required for renewal)	
COMPANY NAME			DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL		
ARE YOU BONDED? (Optional) <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS THE LEVEL OF THE BOND?		BONDING AGENCY'S NAME	
GEOGRAPHICAL LOCATION(S): <input type="checkbox"/> NORTHERN CALIFORNIA <input type="checkbox"/> CENTRAL CALIFORNIA <input type="checkbox"/> SOUTHERN CALIFORNIA <input type="checkbox"/> ALL				
EMPLOYER (if any)	E-MAIL		TELEPHONE	FAX
ADDRESS	CITY		STATE	ZIP CODE

SECTION B - Significant Experience Criteria

Attach copies of the appropriate certification(s) with your application.

The experience criteria can be met by the possession of at least one of the following certifications, which is in good standing with the certifying organization, and at least two years of experience in the evaluation and analysis of Internet security design, in conducting security testing procedures, and specific experience performing Internet penetration studies.

- ▶ Certified Internal Auditor (CIA) from the Institute of Internal Auditors.
- ▶ Certified Information Systems Auditor (CISA) from the Information Systems Audit and Control Association.
- ▶ Certified Fraud Examiner (CFE) certificate from the Association of Certified Fraud Examiners (ACFE).
- ▶ Certified Information Systems Security Professional (CISSP) certificate from the International Information Systems Security Certification Consortium (ISC).
- ▶ Global Information Assurance Certification from the Sysadmin, Audit, Networks Security Institute.



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APPLICANT NAME _____

SECTION C - Application Checklist (Check if copy is attached)

INITIAL APPLICATION

- Reference(s) for ERDS Computer Security Auditor form (ERDS 0004)
- Certification(s)
- Proof of Fingerprint Submission

RENEWAL APPLICATION

- Reference(s) for ERDS Computer Security Auditor form (ERDS 0004)
- Certification(s)

SECTION D - Terms, Conditions, and Declaration

I declare under penalty of perjury under the laws of the State of California all the foregoing information and all information submitted with this application is true, correct and complete, and that a false or dishonest answer to any question shall be grounds for denial or subsequent termination of approval.

In addition, I attest that I am not an Authorized Submitter, Agent of an Authorized Submitter, or Vendor of ERDS Software as defined in the California Code of Regulations, Title 11, Division 1, Chapter 18, Article 2, section 999.108.

Applicant Signature _____

Date _____

Print Name _____

APPLICATION SUBMISSION

The information on this application and all 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</p> <p>Phone: (916) 227-8907</p>	<p style="text-align: center; margin: 0;">DOJ USE ONLY</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Cert # _____</td> <td style="width: 50%;">Tracking # _____</td> </tr> <tr> <td>Date Rec'd _____</td> <td>HDC Date _____</td> </tr> <tr> <td>Response Date _____</td> <td>Rev. By _____</td> </tr> <tr> <td>Analyst _____</td> <td style="text-align: right;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied </td> </tr> </table>	Cert # _____	Tracking # _____	Date Rec'd _____	HDC Date _____	Response Date _____	Rev. By _____	Analyst _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Cert # _____	Tracking # _____								
Date Rec'd _____	HDC Date _____								
Response Date _____	Rev. By _____								
Analyst _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied								

Privacy Notice

The information on this form is requested by the State of California, Department of Justice (DOJ), California Justice Information Services Division, Electronic Recording Delivery System Program, for the purpose of completing fingerprint criminal history record checks, approving/certifying individuals requesting to obtain approval for Computer Security Auditor or certification for Vendor of ERDS Software. The maintenance of the information collected on this form is authorized by the Electronic Recording Delivery Act (ERDA), AB 578, Chapter 621, Statutes 2004, CCR, Title 11, Division 1, Chapter 18, Articles 1-9. All information requested on this form is mandatory. Failure to provide the requested information will result in denial of the request, although a denial shall not prohibit the submission of an application at a later date. Information provided on this form will be disclosed to the public via the DOJ/ERDS web site.

Pursuant to Civil Code Section 1798.30 et seq., individuals have the right [with some exceptions] to access records containing the personal information about them that is maintained by the agency. The ERDS Program is the agency official responsible for the system of records that maintains the information provided on this form. For more information regarding the location of your records and the categories of any persons who use the information in those records, you may contact the ERDS Program, Department of Justice, at P.O. Box 160529, Sacramento, CA 95816-0526, or via telephone at (916) 227-8907.