



## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR VENDOR OF ERDS SOFTWARE CERTIFICATION

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 - Vendor Information**

APPLICANT NAME		DRIVER LICENSE #	DATE OF BIRTH	ERDS CERTIFICATE # (Required for renewal)	
COMPANY NAME (if any)					
ADDRESS		CITY		STATE	ZIP CODE
TELEPHONE	FAX	E-MAIL			
EMPLOYER (if any)		E-MAIL		TELEPHONE	FAX
ADDRESS		CITY		STATE	ZIP CODE

**SECTION B - Vendor References or Service Agreements**

SUBMIT WITH APPLICATION

A. Reference(s) for Vendor of ERDS Software Certification form (ERDS 0009), providing three best references within the last five years for software products or development of equivalent technology, complexity, and size of an ERDS. At least one reference shall be for a project using document imaging technology.

OR

B. A copy of Service Agreement(s). Operated as a vendor with a valid California Multiple Award Schedule (CMAS), General Services Agreement (GSA), or Master Services Agreement (MSA). The CMAS, GSA, or MSA shall include one or more of the following consulting service categories:

<ul style="list-style-type: none"> <li>• Application Development</li> <li>• IT Project Planning</li> <li>• IT System Implementation</li> <li>• Software Development</li> <li>• System Design</li> <li>• System Integration</li> </ul>	<ul style="list-style-type: none"> <li>• IT Acquisition Support</li> <li>• IT Strategic Planning</li> <li>• Migration Planning</li> <li>• System Analysis</li> <li>• System Development</li> <li>• IT Project Management</li> </ul>
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**SECTION C - Application Check List**

CHECK BOX IF COPY IS ATTACHED

**INITIAL APPLICATION**

Reference(s) for Vendor of ERDS Software form (ERDS 0009) OR CMAS, GSA, or MSA Agreement(s)

Proof of fingerprint submission

Non-refundable certification fee

**RENEWAL APPLICATION**

Reference(s) for Vendor of ERDS Software form (ERDS 0009) OR CMAS, GSA, or MSA Agreement(s)

Non-refundable renewal certification fee



## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR VENDOR OF ERDS SOFTWARE CERTIFICATION

APPLICANT NAME: \_\_\_\_\_

### SECTION D - Terms and Conditions

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 questions shall be grounds for denial or subsequent termination of certification.

In addition, I attest that the ERDS software, at the time of development, will meet all of the audit and testing requirements contained in the California Code of Regulations, Title 11, Division 1, Chapter 18, Articles 1 - 9. I acknowledge that the ERDS Program's issuance of the Vendor of ERDS Software Certificate shall include a disclaimer stating that the software is not being approved as to its ability to serve/function in an ERDS operational environment nor that it will meet all County Recorder's requirements, only that the vendor has stated that it will meet all of the audit and testing requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### 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>	<b>DOJ USE ONLY</b>								
	<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.