



## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) REQUEST FOR REPLACEMENT OF CERTIFICATE AND/OR DOCUMENTS

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

A Vendor of ERDS Software, Computer Security Auditor, or County Recorder may request a duplicate certificate or copies of any documents pertaining to their application submission.

Certificate (Lost, Stolen, or Destroyed) Certificate Number \_\_\_\_\_

### APPLICATIONS

- ERDS 0001A Application for System Certification
- ERDS 0001B Application for Sub-County System Certification
- ERDS 0002 Application for Computer Security Auditor Approval
- ERDS 0003 Application for Vendor of ERDS Software Certification
- ERDS 0013 Request for Approval of Substantive Modification(s)

### OTHER DOCUMENTATION

- ERDS 0004 Reference(s) for ERDS Computer Security Auditor
- ERDS 0009 Reference(s) for Vendor of ERDS Software Certification
- ERDS 0011 Statement of Understanding
- County Resolution
- Vendor of ERDS Software Contract
- Computer Security Auditor Contract
- Letter of Deposit
- Sub-County Documentation

List Sub-County Name(s) \_\_\_\_\_ OR  All

ERDS 0001B Application for Sub-County System Certification

County Resolution

Other (List) \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the requested certificate and/or document(s) pertains to my application submission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

### 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.

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