



ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) CHANGE OF ERDS ROLE

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

EMPLOYED BY (Check one box only)

County Recorder Authorized Submitter or Agent Vendor of ERDS Software

DELETION OF INDIVIDUAL(S) FROM A ROLE REQUIRING FINGERPRINT SUBMISSION

Name	Driver License Number	Date of Birth
Does the individual operate more than one ERDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list counties:	
Name	Driver License Number	Date of Birth
Does the individual operate more than one ERDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list counties:	

ADDITION OF INDIVIDUAL(S) IN A ROLE REQUIRING FINGERPRINT SUBMISSION (Attach proof of fingerprint submission)

Name	Driver License Number	Date of Birth
Does the individual operate more than one ERDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list counties:	
Name	Driver License Number	Date of Birth
Does the individual operate more than one ERDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list counties:	

CHANGE OF AGENCY FOR INDIVIDUAL(S) REQUIRING FINGERPRINT SUBMISSION

Name	Driver License Number	Date of Birth
From: Company Name and Address	City	State Zip Code Effective Date
To: Company Name and Address	City	State Zip Code Effective Date

CONTACT INFORMATION

Name	County	E-Mail		
Address	City	State	Zip Code	
Phone	Fax	ERDS Certificate Number		

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 _____
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;">DOJ USE ONLY</p> <table style="width: 100%;"> <tr> <td>Cert # _____</td> <td>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><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								