

## 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 APP	LICATION	(Check one box	only)								
☐ INI	TIAL		RENEWAL									
SECTI	ON A - A	Auditor Info	rmation									
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								
1		D? (Optional) NO	WHAT IS THE LEV	EL OF TH	HE BOND?		BONDI	NG AGENCY'S NAME				
GEOGR	RAPHICAL	LOCATION(S	S): NORTHERN	CALIFOR	RNIA 🔲 C	CENTRAL CALIF	ORNIA	SOUTHERN	CALIFORNIA			
EMPLOYER (if any)				E-MAIL			TELEPHONE	FAX				
ADDRESS					CITY				STATE	ZIP CODE		
SECTI	<b>ON B</b> - S	Significant l	Experience Crite	ria	1					1		
Attach	copies c	of the appro	opriate certification	on(s) wit	th your appl	ication.						
1.	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.											
	A.	Certified Internal Auditor (CIA) from the Institute of Internal Auditors.										
	B.	Certified Information Systems Auditor (CISA) from the Information Systems Audit and Control Association.										
2.	If the auditor does not have CIA or CISA certification, he or she shall possess one of the following certifications and meet the noted qualifications. The certification shall be submitted with the Reference(s) for ERDS Computer Security Auditor form (ERDS 0004) and attached to the application form.											
	A.	Certified Fraud Examiner (CFE) certificate from the Association of Certified Fraud Examiners (ACFE). <b>QUALIFICATION:</b> At least two years of experience in the evaluation and analysis of Internet Security Design, conducting security testing procedures, and specific experience performing Internet penetration studies.										
	B.	Certified Information Systems Security Professional (CISSP) certificate from the International Information Systems Security Certification Consortium (ISC).  QUALIFICATION: At least two years of experience in the evaluation and analysis of Internet Security Design, conducting security testing procedures, and specific experience performing Internet penetration studies.										
	C.	<b>QUALIFI</b>	CATION: Two y	ears of	experience	<u>in the evalua</u>	tion and	udit, Networks Sec d analysis of Intern erforming Internet	et Security	Design,		



STATE OF CALIFORNIA ERDS 0002 (Rev.-08/2020)

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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)	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 Certified Vendor of ERDS Software as defined in the California Code of Regulations, Title 11, Division 18, Article 2, section 999.108.  Applicant Signature  Date											
Print Name											
APPLICANT 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	DOJ US	DOJ USE ONLY									
Electronic Recording Delivery System Program P.O. Box 160968	Cert #	Tracking #									
Sacramento, CA 95816-0968	Date Rec'd	HDC Date									
Phone: (916) 210-4237	Response Date	Rev. By									
Email: <u>ERDS@doj.ca.gov</u>	Analyst	Approved	Denied								

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

## **Privacy Notice**

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice collects the information requested on this form as authorized by Government Code sections 27394 and 27395 and California Code of Regulations Title 11, Division 1, Chapter 18, Article 7, section 999.190. The CJIS Division uses this information for the purpose of completing fingerprint criminal history record checks and/or approving/ certifying individuals requesting to obtain Computer Security Auditor approval. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at: http://oag.ca.gov/privacy-policy.

**Providing Personal Information.** All the personal information requested in the form must be provided. 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.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to complete fingerprint criminal history record checks and/or approve/certify individuals requesting Computer Security Auditor approval, we may need to share the information you give us with other government agencies. Information provided on this form will be disclosed to the public via the DOJ/ ERDS web site.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Electronic Recording Delivery System Program manager via telephone at (916) 210-4237, e-mail at <a href="mailto:erds@doj.ca.gov">erds@doj.ca.gov</a>, or by mail at:

California Department of Justice
Electronic Recording Delivery System Program
P.O. Box 160968
Sacramento, CA 95816-0968