



**Electronic Recording Delivery System  
 Application for System Certification**

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

**TYPE OF APPLICATION**

(CHECK ALL THE BOXES THAT APPLY)

**SINGLE-COUNTY**  **MULTI-COUNTY**  (REQUIRES THE COMPLETION OF AN ERDS 0001B FORM)

**TYPE 1**  **TYPE 2**  **TYPE 1 AND 2**

**RETURN FUNCTION VIA AN ERDS**  **YES**  **NO**

**SECTION A (COUNTY RECORDER or LEAD COUNTY RECORDER)**

COUNTY		COUNTY RECORDER NAME		
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ( )	FAX ( )	E-MAIL		
CONTACT NAME (if any)				
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE ( )	FAX ( )	E-MAIL		

**SECTION B (APPLICATION CHECK LIST)**

The following documentation shall be submitted in conjunction with the submission of this application.

CHECK THE BOX IF A COPY IS ATTACHED:

- COUNTY RESOLUTION
- LETTER OF DEPOSIT
- VENDOR OF ERDS SOFTWARE CONTRACT (if any). IF INTERNAL COUNTY RESOURCES OR ANOTHER PUBLIC ENTITY ARE BEING USED TO DEVELOP AN ERDS, IN LIEU OF A VENDOR, IT SHALL BE NOTED IN THE COUNTY'S RESOLUTION
- COMPUTER SECURITY AUDITOR CONTRACT
- SUCCESSFUL INITIAL SYSTEM AUDIT REPORT
- PROOF OF FINGERPRINT SUBMISSION, FOR INDIVIDUALS DESIGNATED A SECURE ACCESS ROLE
- A LIST OF ALL USERS WITH SECURE ACCESS AND/OR AUTHORIZED ACCESS
- STATEMENT OF UNDERSTANDING (ERDS 0011)
- SUB-COUNTY APPLICATION (ERDS 0001B) AND REQUIRED DOCUMENTATION, IF APPLYING FOR A MULTI-COUNTY ERDS CERTIFICATION

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____
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Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

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: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Submission**

The information on this application and all required documentation becomes the property of the Department of Justice and will be used by authorized personnel.

Mail to: State of California  
 Department of Justice  
 CJIS Operations Support Bureau  
 Electronic Recording Delivery System Program  
 P.O. Box 160526  
 Sacramento, CA 95816-0526