



Electronic Recording Delivery System Application for Sub-County System Certification

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

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

TYPE OF APPLICATION
 (CHECK ALL THE BOXES THAT APPLY)

- INITIAL APPLICATION SUBSTANTIVE MODIFICATION APPLICATION

SECTION A (SUB-COUNTY RECORDER)

SUB-COUNTY		SUB-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 to the Lead County.

CHECK THE BOX IF A COPY IS ATTACHED:	
<input type="checkbox"/>	SUB-COUNTY RESOLUTION
<input type="checkbox"/>	PROOF OF FINGERPRINT SUBMISSION, FOR INDIVIDUALS DESIGNATED A SECURE ACCESS ROLE
<input type="checkbox"/>	A LIST OF ALL USERS WITH SECURE ACCESS AND/OR AUTHORIZED ACCESS
<input type="checkbox"/>	STATEMENT OF UNDERSTANDING (ERDS 0011)

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.

Submit to: This application and all required documentation shall be submitted to the Lead County. The Lead County is responsible for the submission to the ERDS Program.