



## Electronic Recording Delivery System Application for DOJ Computer Security Auditor Approval

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

### TYPE OF APPLICATION

(CHECK ONE BOX ONLY)

**INITIAL**       **RENEWAL**

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

### SECTION A (AUDITOR INFORMATION)

AUDITOR NAME		DRIVER LICENSE #	ERDS CERTIFICATE # (Required for renewal)	
COMPANY NAME			DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE	
TELEPHONE # (    )	FAX # (    )	E-MAIL		
ARE YOU BONDED? (Optional) <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS THE LEVEL OF THE BOND?	BONDING AGENCY'S NAME		
GEOGRAPHICAL LOCATION(S): NORTHERN CALIFORNIA <input type="checkbox"/> CENTRAL CALIFORNIA <input type="checkbox"/> SOUTHERN CALIFORNIA <input type="checkbox"/> ALL <input type="checkbox"/>				

EMPLOYER (if any)	E-MAIL	TELEPHONE # (    )	FAX # (    )
ADDRESS	CITY	STATE	ZIP CODE

### SECTION B (SIGNIFICANT EXPERIENCE CRITERIA)

ATTACH COPIES OF THE APPROPRIATE CERTIFICATION(S) WITH YOUR APPLICATION:

- 1) THE EXPERIENCE CRITERIA CAN BE MET BY THE POSSESSION OF AT LEAST ONE OF THE FOLLOWING CERTIFICATIONS, AND IS IN GOOD STANDING WITH THE CERTIFYING ORGANIZATION:
  - A) CERTIFIED INTERNAL AUDITOR (CIA), FROM THE INSTITUTE OF INTERNAL AUDITORS; OR
  - B) CERTIFIED INFORMATION SYSTEMS AUDITOR (CISA), FORM THE INFORMATION SYSTEMS AUDIT AND CONTROL ASSOCIATION; OR
- 2) IF THE AUDITOR DOES NOT HAVE THE CIA OR THE CISA CERTIFICATION, HE OR SHE SHALL POSSESS ONE OF THE FOLLOWING CERTIFICATIONS AND MEET THE NOTED QUALIFICATIONS. THE CERTIFICATION SHALL BE SUBMITTED WITH THE ATTACHMENT TO ERDS 0002 COMPUTER SECURITY AUDITOR SIGNIFICANT EXPERIENCE REFERENCE(S) (ERDS FORM # 0004) AND ATTACHED TO THE APPLICATION FORM:
  - A) CERTIFIED FRAUD EXAMINER (CFE) CERTIFICATE, FROM THE ASSOCIATION OF CERTIFIED FRAUD EXAMINERS (ACFE)  
**QUALIFICATION:** WHO HAS 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. THIS EXPERIENCE SHALL HAVE BEEN WITHIN THE FIVE-YEAR PERIOD PRECEDING THE APPLICATION DATE; **OR**
  - B) CERTIFIED INFORMATION SYSTEMS SECURITY PROFESSIONAL (CISSP) CERTIFICATE, FROM THE INTERNATIONAL INFORMATION SYSTEMS SECURITY CERTIFICATION CONSORTIUM (ISC)  
**QUALIFICATION:** WHO HAS 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. THIS EXPERIENCE SHALL HAVE BEEN WITHIN THE FIVE-YEAR PERIOD PRECEDING THE APPLICATION DATE; **OR**
  - C) GLOBAL INFORMATION ASSURANCE CERTIFICATION FROM THE SYSADMIN, AUDIT, NETWORKS SECURITY INSTITUTE .  
**QUALIFICATION:** WHO HAS 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.

AUDITOR NAME \_\_\_\_\_

**SECTION C (APPLICATION CHECKLIST)**

CHECK THE BOX IF THESE ITEMS ARE ATTACHED:

**INITIAL APPLICATION**

- ERDS 0004 ATTACHMENT TO ERDS 0002 COMPUTER SECURITY AUDITOR SIGNIFICANT EXPERIENCE REFERENCE(S)
- CERTIFICATION(S)
- PROOF OF FINGERPRINT SUBMISSION

**RENEWAL APPLICATION**

- ERDS 0004 ATTACHMENT TO ERDS 0002 COMPUTER SECURITY AUDITOR SIGNIFICANT EXPERIENCE REFERENCE(S)
- CERTIFICATION(S)

**SECTION D (TERMS/CONDITIONS and DECLARATION)**

I declare under penalty of perjury under the laws of the State of California shall 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 Vendor of ERDS Software as defined in the California Code of Regulations, Title 11, Division 1, Chapter 18, Article 2, section 999.108.

Auditor 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.

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