



Electronic Recording Delivery System Change of ERDS Role

*TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED ON
 THE 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	

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 #	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 #	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 #	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 #	DATE OF BIRTH
Does the individual operate more than one ERDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list counties: _____		

CONTACT INFORMATION

FORM SUBMITTER (NAME)	COUNTY	E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE ()	FAX ()	ERDS CERTIFICATE #	

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.

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