



Electronic Recording Delivery System Request for Approval of Substantive Modification(s)

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)

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)

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

SECTION B (ERDS CHANGE)

Briefly describe the change to the ERDS functionality.

SECTION C (CHECK LIST)

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

CHECK THE BOX IF A COPY IS ATTACHED:

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 MODIFIED SYSTEM AUDIT REPORT

REVISED COUNTY RESOLUTION, IF APPLICABLE

SUB-COUNTY APPLICATION (ERDS 0001B) AND REQUIRED DOCUMENTATION, IF APPLICABLE

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 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