

## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR SYSTEM CERTIFICATION

	TYPE OR PRINT	(IN INK) ALL INFORMATION REG	QUESTED ON THE APPL	ICATION FORM. SIGNATURE MUST	BE ORIGIN	NAL.	
TYPE (	OF APPLICATIO	N (Check all boxes that apply)	Single County	Multi-County (Requires comple	etion of ERD	OS 0001B form)	
RETUR	N FUNCTION V	IA AN ERDS Yes	] No				
SECTIO	ON A - County R	ecorder or Lead County Re	corder				
COUNTY			COUNTY RECORDER NAME				
ADDRESS			CITY		STATE	ZIP CODE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0111			Zii GOBE		
TELEPH	ONE	FAX	E-MAIL				
CONTAC	CT NAME (if any)						
ADDRESS			CITY		STATE	ZIP CODE	
TELEPH	ONE	FAX	E-MAIL				
	ON B - Application swing documentation s	on Check List shall be submitted in conjunction w	vith the submission of this a	application.			
CHECK E	BOX IF COPY IS AT	TACHED:					
Cou	inty Resolution						
Lett	er of Deposit						
_		ERDS Software Contract (if in lieu of a vendor, it shall t	- ·	ty resources or another public y's resolution.	entity are	being used	
Con	nputer Security A	Auditor Contract					
Suc	cessful initial sys	stem audit report					
Pro	of of fingerprint s	ubmission for individuals de	esignated a secure ac	cess role			
List	of all users with	secure access					
Stat	ement of Unders	standing (ERDS 0011)					
Sub	-County Applicat	tion (ERDS 0001B) and req	uired documentation,	if applying for multi-county ER	DS certifi	cation	
I declar correct.		of perjury under the laws of	the State of Californi	a that all the information contai	ned herei	n is true and	
Signature:			Print Name:		Date:		
APPLIC	CATION SUBMIS	SSION					
	rmation on this apped personnel.	plication and all required docur	mentation becomes the	property of the Department of Jus	tice and wi	ll be used by	
				DOJ USE ONLY			
Mail to:	California Departr		Cert #	Tracking #			
	Electronic Recording Delivery System Program P.O. Box 160968		Date Rec'd	HDC Date			
	Sacramento, CA		Response Date	Rev. By			
	Phone: (916) 210 E-mail: ERDS@d		Analyst	Approved		Denied	