



## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR SUB-COUNTY SYSTEM CERTIFICATION

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

### TYPE OF APPLICATION (Check one box only)

- 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 BOX IF COPY IS ATTACHED:

Sub-County Resolution

Proof of fingerprint submission for individuals designated a secure access role

List of users with secure access

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.

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

Mail to: California Department of Justice Electronic Recording Delivery System Program P.O. Box 160968 Sacramento, CA 95816-0968  Phone: (916) 210-4237 E-mail: ERDS@doj.ca.gov	<b>DOJ USE ONLY</b>	
	Cert # _____	Tracking # _____
	Date Rec'd _____	HDC Date _____
	Response Date _____	Rev. By _____
	Analyst _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied