ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS)
REFERENCE(S) FOR ERDS COMPUTER SECURITY AUDITOR

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED.

APPLICANT/AUDITOR NAME

REFERENCE #1

COMPANY NAME	CONTACT NAME	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS	
IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT (Attach additional sheet(s) as needed)			

REFERENCE #2

COMPANY NAME	CONTACT NAME	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS	
IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT (Attach additional sheet(s) as needed)			

REFERENCE #3

COMPANY NAME	CONTACT NAME	TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
PROJECT NAME AND/OR DESCRIPTION	DATE OF EMPLOYMENT/SERVICE	# OF YEARS/MONTHS	
IDENTIFY THE TASKS AND SERVICES PERFORMED ON THE PROJECT (Attach additional sheet(s) as needed)			

DOJ USE ONLY			
Cert # _____	Date Rec'd _____	Response Date _____	Analyst _____
Tracking # _____	HDC Date _____	Rev. By _____	☐ Approved ☐ Denied