



## ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) CHANGE OF ERDS ROLE

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

**EMPLOYED BY** (Check one box only)

County Recorder       Authorized Submitter or Agent       Certified Vendor of ERDS Software

**DELETION OF INDIVIDUAL(S) FROM A ROLE REQUIRING FINGERPRINT SUBMISSION**

Name	Driver License Number	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 Number	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 Number	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 Number	Date of Birth
Does the individual operate more than one ERDS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list counties:		

**CHANGE OF AGENCY FOR INDIVIDUAL(S) REQUIRING FINGERPRINT SUBMISSION**

Name	Driver License Number	Date of Birth
From: Company Name and Address	City	State    Zip Code    Effective Date
To: Company Name and Address	City	State    Zip Code    Effective Date

**CONTACT INFORMATION**

Name	County	E-Mail		
Address	City	State	Zip Code	
Phone	Fax	ERDS Certificate Number		

**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.

<p>Mail to: California Department of Justice Electronic Recording Delivery System Program P.O. Box 160968 Sacramento, CA 95816-0968</p> <p>Phone: (916) 210-4237 Email: <a href="mailto:ERDS@doj.ca.gov">ERDS@doj.ca.gov</a></p>	<p style="text-align: center;"><b>DOJ USE ONLY</b></p> <table style="width: 100%;"> <tr> <td>Cert # _____</td> <td>Tracking # _____</td> </tr> <tr> <td>Date Rec'd _____</td> <td>HDC Date _____</td> </tr> <tr> <td>Response Date _____</td> <td>Rev. By _____</td> </tr> <tr> <td>Analyst _____</td> <td><input type="checkbox"/> Approved      <input type="checkbox"/> Denied</td> </tr> </table>	Cert # _____	Tracking # _____	Date Rec'd _____	HDC Date _____	Response Date _____	Rev. By _____	Analyst _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Cert # _____	Tracking # _____								
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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice collects the information requested on this form as authorized by Government Code sections 27391, 27392, 27394, and 27395(b) and California Code of Regulations Title 11, Division 1, Chapter 18, Article 4, section 999.121, California Code of Regulations Title 11, Division 1, Chapter 18, Article 6, section 999.176, and California Code of Regulations Title 11, Division 1, Chapter 18, Article 8, section 999.204. The CJIS Division uses this information delete or add an individual(s) in a role requiring fingerprint submission or change of agency for individual(s) requiring fingerprint submission. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to delete or add an individual(s) in a role requiring fingerprint submission or change of agency for individual(s) requiring fingerprint submission, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Electronic Recording Delivery System Program manager via telephone at (916) 210-4237, e-mail at [erds@doj.ca.gov](mailto:erds@doj.ca.gov), or by mail at:

California Department of Justice  
Electronic Recording Delivery System Program  
P.O. Box 160968  
Sacramento, CA 95816-0968