

STATE OF CALIFORNIA ERDS 0013 (Rev. 08/2020)

ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) REQUEST FOR APPROVAL OF SUBSTANTIVE MODIFICATION(S)

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

TYPE OF APPLICATION (Check all boxes that apply)	Single County	Multi-County (Requires completion of ERDS 0001B form)
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No No

URN FUNCTION VIA AN ERD	S Yes

SECTION A - County Recorder

RET

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

Letter of Deposit

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

CHECK BOX IF COPY IS ATTACHED:

I	
	Certified 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 required documentation becomes the property of the Department of Justice and will be used by authorized personnel.

		DOJ USE ONLY			
Mail to:	California Department of Justice Electronic Recording Delivery System Program	Cert #		Tracking #	
	P.O. Box 160968 Sacramento, CA 95816-0968	Date Rec'd		HDC Date	
		Response Date		Rev. By	
		Analyst		Approved	Denied