



ELECTRONIC RECORDING DELIVERY SYSTEM (ERDS) APPLICATION FOR WITHDRAWAL

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

CHECK ALL THAT APPLY

- System Certification (The County Recorder shall cease all ERDS operations as of the date noted on this application.)
 - Single County
 - Multi-County
 - Lead County Recorder
 - Sub-County Recorder
- Computer Security Auditor (All auditing services shall cease as of the date noted on this application.)
- Vendor of ERDS Software (All vendor services shall cease as of the date noted on this application.)

A copy of the following is required as an attachment to this form:

System Certification - A listing of all individuals and associated agencies and/or business entities as having secure access and/or authorized access.

Vendor of ERDS Software - A listing off all employees and contracted employees with secure access.

This withdrawal request shall render the certificate invalid. This withdrawal shall not prohibit the submission of an application at a later date.

SECTION A - Withdrawal Information

NAME	CERTIFICATE NUMBER	OPERATION/SERVICE TERMINATION DATE	
E-MAIL	TELEPHONE	FAX	
ADDRESS	CITY	STATE	ZIP CODE
REASON FOR WITHDRAWAL			

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

In the case of county(ies) withdrawing from a certified Multi-County ERDS, the Sub-County(ies) shall submit this application to the Lead County. The Lead County Recorder shall be responsible for the submission to the ERDS Program.

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel.

Mail to: California Department of Justice Electronic Recording Delivery System Program P.O. Box 160526 Sacramento, CA 95816-05626 Phone: (916) 227-8907	DOJ USE ONLY Date Rec'd _____ Analyst _____ Response Date _____ HDC Notified _____
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