Imaging Registration
Annual Review/Amendment Form

Mailing: PO Box 661, Trenton, NJ 08625-0661
Location: 33 W. State St. 5th Floor Trenton, NJ 08625
609-292-8711

Agency Name:
Certificate #:

Primary Contact Name:
Address:
Phone/fax/email:

Custodian of Records Name:
Address:
Phone/fax/email:

Preferred Annual Review Date (choose 1):
☐ January 1  ☐ April 1  ☐ July 1  ☐ October 1

Do you want to make this the annual review date for all certified systems in your agency?
☐ Yes  ☐ No

If yes, please list other certified systems:

1. Has your agency added additional records series or inclusive years to your imaging system?
☐ Yes  ☐ No

All Agencies must submit the Imaged Records Series List for each retention schedule/office whose records are scanned into this system
☐ Imaged Records Series List(s) attached

2. Has your agency added to or upgraded the hardware and/or software for your image processing system?
☐ Yes  ☐ No (If yes, attach appropriate documentation.)
3. Has your agency updated your Disaster Prevention/Recovery Plan?
☐ Yes    ☐ No (If yes, attach appropriate documentation.)

4. Microfilm Inspection    ☐ Microfilm Inspection Report attached

   a. ☐ Our agency has not produced any microfilm since our last annual review
   b. ☐ Our agency has its microfilm produced or processed by DORES
   c. ☐ Our agency produces its own microfilm or has its microfilm produced by a vendor.

If you checked c. you must submit a reel of microfilm for each size produced for inspection BEFORE submitting an Annual Review/Amendment. This reel should be an original silver halide production copy, NOT a sample. Microfilm must be accompanied by a completed Microfilm Submission Form. Microfilm will be returned to the agency. A passing Microfilm inspection must accompany this Annual Review/Amendment Form.

5. Has your agency changed vendors? This includes vendors for: imaging services, micrographics, hardware or software, maintenance.

☐ Yes    ☐ No (If yes, attach appropriate documentation, including the names of the old and new vendors and contact information)

6. Does your agency want to implement a migration path for long term records if you have not already?

☐ Yes    ☐ No (If yes, attach appropriate documentation.)

AGENCY VERIFICATION

I hereby certify that the documentation listed on and/or attached to this Image Processing System Annual Review/Amendment Form is a true and an accurate reflection of the agency’s image processing system upon this date and is submitted in compliance with N.J.A.C.15:3-5.6.

__________________________________________________________
Legal Custodian: Print Name    Signature: ____________________________ Date

For questions or further assistance, contact your agency Records Analyst.