



Digitized Records Certification Application

Category	Task	Comments	For DORIS use only
Retention	<input type="checkbox"/> The record series of the digitized records are currently on the agency retention schedule. <input type="checkbox"/> All hard copy source documents have been retained for a minimum of 30 days after processing.	Please list record series:	Retention confirmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Indexing	<input type="checkbox"/> The correct metadata is attached for each category of records. (Please provide a list of metadata indices)		Indexing received /reviewed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Confidential Information	<input type="checkbox"/> These records contain personally identifiable information (PII) or other confidential information. (Please describe)		
File Naming Conventions	<input type="checkbox"/> The agency has created file naming conventions for each record series. (Please provide a list of file naming conventions)		
Imaging	The scanning was completed: <input type="checkbox"/> Internally: Centralized Scanning <input type="checkbox"/> Internally: Decentralized Scanning <input type="checkbox"/> Third-Party Vendor	If applicable, include name of vendor:	
Conversion Format	<input type="checkbox"/> The records have been converted to one or more of the following formats: (Please check all that apply)	<input type="checkbox"/> PDF <input type="checkbox"/> GIF <input type="checkbox"/> PDF/A <input type="checkbox"/> (Other) <input type="checkbox"/> TIFF <input type="checkbox"/> JPEG <input type="checkbox"/> DNG <input type="checkbox"/> PNG	

Records Information	<p>Please provide documentation of the following:</p> <input type="checkbox"/> A list of series that were digitized. <input type="checkbox"/> Documentation of the reliability and capability of the process to produce trustworthy records. <input type="checkbox"/> Converted records/metadata are immutable or all changes are tracked.	(Please attach any supporting documentation)	Received by DORIS: <input type="checkbox"/> YES <input type="checkbox"/> NO
Quality Assurance	<input type="checkbox"/> All the hard copy documents indicated have been digitized per city and agency digitization policies, procedures, and specifications. <input type="checkbox"/> The agency conducted a quality review for image accuracy, quality, and completeness.	(Please attach documentation of the QA process and evidence)	
Disaster Recovery	<input type="checkbox"/> The agency will maintain a backup solution for digitized content. (Please attach solution with disaster recovery details)		
Storage Information	<input type="checkbox"/> The agency has confirmed storage requirements with MIS/OTI.		
Agency-Level Policies & Procedures	<input type="checkbox"/> The agency has developed agency-wide digitization policies and procedures.		Policies & Procedures received/reviewed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Official Record Statement	<input type="checkbox"/> The agency certifies that the digitized records are the official copies of the record and the source hard copy documentation is a convenience copy.		
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Submitted by:

Agency Name:	Agency Code/FISA #
Senior Level Executive (SLE) Name:	
Senior Level Executive (SLE) Title:	
Senior Level Executive (SLE) Signature:	
Date of Submission:	

Records Management Officer (RMO) Name:	
Records Management Officer (RMO) Title:	
Records Management Officer (RMO) Email:	
Records Management Officer (RMO) Phone:	



Certification (to be completed by DORIS)

This Digital Records Certification Application has been received and reviewed by the Department of Records and Information Services.

<p>Records Management:</p> <p><input type="checkbox"/> The agency may proceed with disposing of the source hard copy through the submission of a certification form.</p> <p><input type="checkbox"/> The agency may not proceed with the disposal of the source hard copy and must schedule a meeting with DORIS to discuss remediation.</p>	<p>Reviewed by:</p> <p>Signature:</p> <p>Name:</p> <p>Title:</p> <p>Date:</p>
<p>Municipal Archives:</p> <p><input type="checkbox"/> The records have been reviewed and the following have been determined to have Archival value in the original format and must be transferred to the Municipal Archives:</p> <p><input type="checkbox"/> These records are not archival and do not need to be transferred.</p>	<p>Reviewed by:</p> <p>Signature:</p> <p>Name:</p> <p>Title:</p> <p>Date:</p>

Form last updated November 2025

