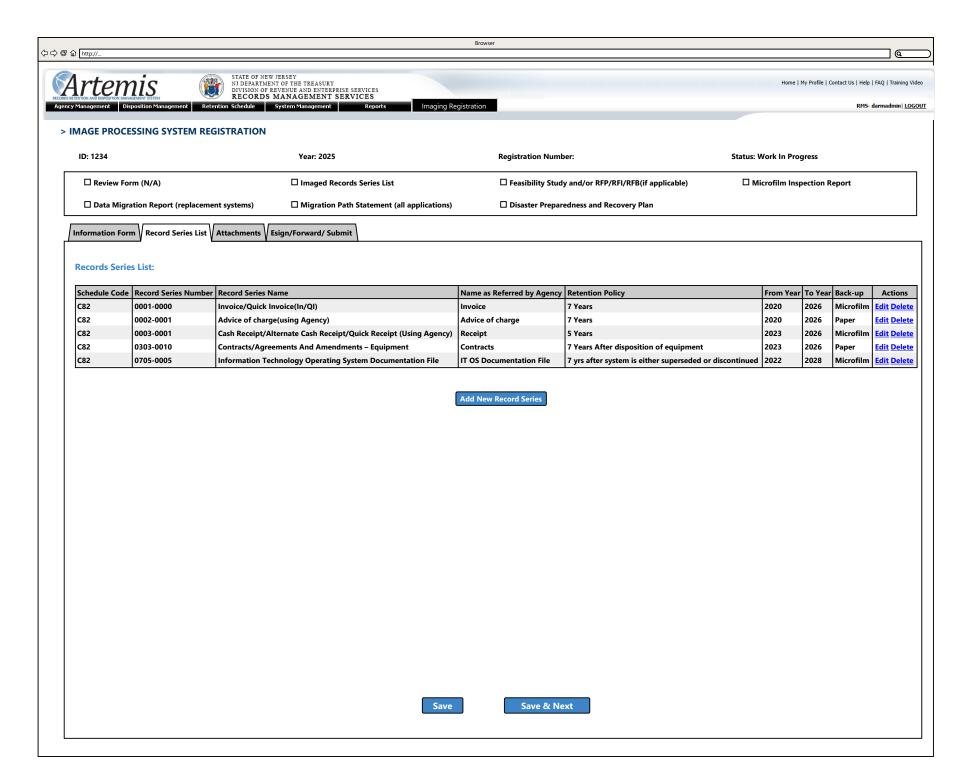
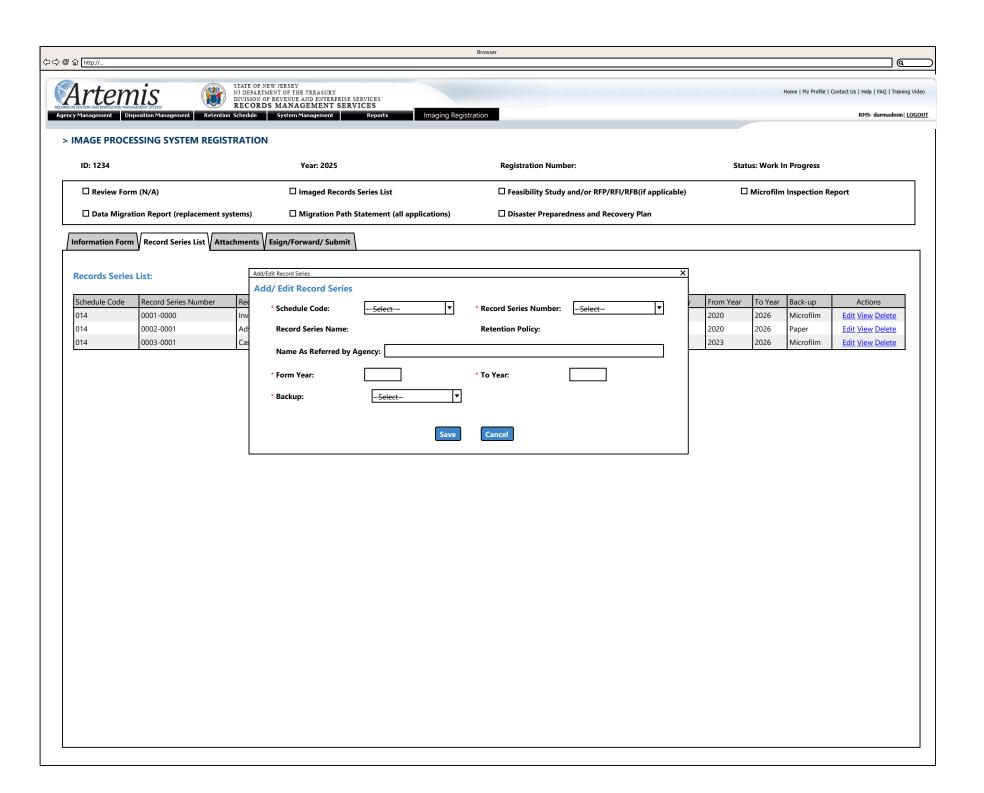
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ENTION AND DISPOSITION MANAGEMENT SYSTEM	STATE OF NEW JERSEY NJ DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES RECORDS MANAGEMENT SERVICES election Schedule System Management Reports	Imaging Registration		Home My Profile Contact U:	s Help FAQ Ti
MAGE PROCESSING SYSTEM R	EGISTRATION				
ID: 1234	Year: 2025	Registration Number:		Status: Work In Progress	
☐ Review Form (N/A)	☐ Imaged Records Series List	☐ Feasibility Study and/or RFP,	/RFI/RFB(if applicable)	☐ Microfilm Inspection Report	
☐ Data Migration Report (replacem	ent systems)	ications) 🗆 Disaster Preparedness and R	ecovery Plan		
formation Form Record Series List	Attachments Esign/Forward/ Submit				
Organization : S - State Agency	RESPONSIBLE AGENCY NAME: G100000 - S	TATE GENERAL RECORDS SCHEDULE	IMAGING SYSTEM NAME:		
Application Type:	In-House Imaging System	nt Imaging Services (NJ DORES Services)			
. Agency Profile					
*Agency Name: (include Department, Agency Address	Division, and Bureau when appropriate)				
* Address 1:		Address 2:			
* City:	* State: * Zip:	Agency Website:			\neg
Primary Contact Information					
* Name:	Title:	* Phone:			
_	1				
Fax:	* Email Addre	SS:			
Address (if different from Agency Ad	ldress)				
Address 1:		Address 2:			
City:	* State: * Zip:				
. Records Management And Ind	exing—————				
2.1: Are Approved routine records dis	sposal methods being used? O Yes O No (i	No then explain why)			
if No then explain why					
2.2: Indexing has the same functiona	lity of the original Records management system?	res O No			
2.3 Agencies/Offices Becausible for	the Management of the Image Processing System				
2.3 Agencies/Offices Responsible for	the Management of the image Processing System				
	L				
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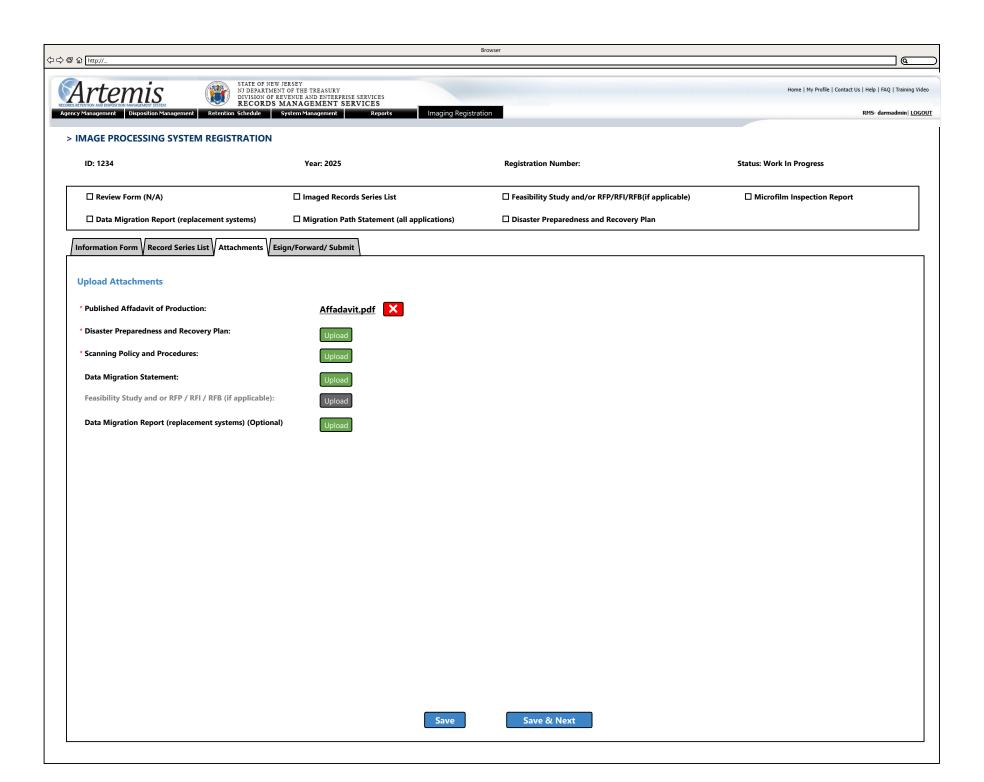
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NJ DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
RECORDS MANAGEMENT SERVICES Home | My Profile | Contact Us | Help | FAQ | Training Video Imaging Registration RMS- darmadmin LOGOUT > IMAGE PROCESSING SYSTEM REGISTRATION ID: 1234 Year: 2025 Registration Number: Status: Work In Progress ☐ Imaged Records Series List ☐ Review Form (N/A) ☐ Feasibility Study and/or RFP/RFI/RFB(if applicable) ☐ Microfilm Inspection Report ☐ Data Migration Report (replacement systems) ☐ Migration Path Statement (all applications) ☐ Disaster Preparedness and Recovery Plan Information Form Record Series List Attachments Esign/Forward/ Submit **┌3. Feasibility Study & Request For Proposal** O Yes ΟNo * 3.1: Was feasibility study conducted for the system selection? (if Yes provide required document in Attachments Tab * 3.2: Was a Request for Proposal (RFP) prepared for system selection? (if Yes provide required document in Attachments Tab ONo 4.1 Image Capture * Product Name: * Product Type: O On-Premise (Specify if On-Premise) * Server Operating System: Database: * Image Storage: O Server O Network Storage (NAS) O Cloud Hosted * Product Developer: Product Vendor: * File Format: ☐ Single Page Tagged Image File Format (TIFF Group III or Group IV) Resolution: ☐ 200DPI black & white (minimum for small format documents) ☐ Multi-Page Tagged Image File Format (TIFF Group III or Group IV) ☐ 300DPI black & white (minimum for large format documents) ☐ PDF-A ☐ Other. Please Specify: ☐ PNG/JPEG $\hfill\square$ Other. Please Specify: 4.2 Retrieval O Closed / Proprietary (Agency MUST have an aggrement to Escrow source code) * System Architecture: O Open/ Non-Proprietary * Product Same as Image Capture: O Yes ONo * Product Type: On-Premise O Cloud Hosted * Product Name: (Specify only if different) (Specify only if On-premise) * Server Operating System: * Image Storage: O Server O Network Storage (NAS) * Product Developer: * Product Vendor:

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RECORDS MANAGEMENT SERVICES Home | My Profile | Contact Us | Help | FAQ | Training Video Imaging Registration RMS- darmadmin | LOGOUT > IMAGE PROCESSING SYSTEM REGISTRATION ID: 1234 Year: 2025 **Registration Number:** Status: Work In Progress ☐ Review Form (N/A) ☐ Imaged Records Series List ☐ Feasibility Study and/or RFP/RFI/RFB(if applicable) ☐ Microfilm Inspection Report ☐ Data Migration Report (replacement systems) ☐ Migration Path Statement (all applications) ☐ Disaster Preparedness and Recovery Plan Information Form Record Series List Attachments Esign/Forward/ Submit √5. Quality Control * 5.1 Quality Control is Performed during: (Check all that Apply) ☐ Scanning ☐ Indexing ☐ Other: Attach Scanning Policy and Procedures/Quality Control Procedures in Attachments Ta O Yes O No * 5.2 Scanned Images Log (Mandatory) * 5.3 Hardware/ Software Error Log (Mandatory) O Yes O No **r**6. Disaster Prevention & Recovery⁻ 6.1 Disaster Prevention/Recovery Plan Review Cycle: ☐ Monthly ☐ Annual ☐ Other * If Other provide brief explanation-Attach Prevention and Recovery plan in Attachments Tal 6.2 Disaster Prevention/Recovery Review Cycle: 6.3 Backup Cycle: ☐ Daily ☐ Weekly ☐ Monthly ☐ Annual * Backup Media: ☐ Cloud Backup ☐ Backup storage device ☐ Tape ☐ CD/DVD 6.4 Backup Media Replace/Refresh rate: ☐ Annual ☐ Other* If Other provide brief explanation* ☐ N/A (example: Cloud) ☐ Hot Site Location: 6.5 Disaster Recovery Site: ☐ Cold Site Location: 6.6 Preservation of Long term, permanent and archival/historical records ☐ Original Documents ☐ Archival Microfilm * ☐ Migration Path (Describe Below) *Indicate how you will ensure the availability of the records throughout their retention period *Records that are classified as archival on an approved retention schedule may never be destroyed *If Archival Microfilm is checked Inspection Report must be attached in Attachments Ta 6.7 Archival Microfilm produced: ☐ In-house ☐ Vendor Provide information about the vendor

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RECORDS MANAGEMENT SERVICES Home | My Profile | Contact Us | Help | FAQ | Training Video RMS- darmadmin | LOGOUT > IMAGE PROCESSING SYSTEM REGISTRATION ID: 1234 Year: 2025 Registration Number: Status: Work In Progress ☐ Review Form (N/A) ☐ Imaged Records Series List ☐ Feasibility Study and/or RFP/RFI/RFB(if applicable) ☐ Microfilm Inspection Report ☐ Data Migration Report (replacement systems) ☐ Migration Path Statement (all applications) ☐ Disaster Preparedness and Recovery Plan Information Form V Record Series List V Attachments V Esign/Forward/ Submit _[7. Vendor Information & Technical Support-Vendor Company Name **Vendor Representative Name** Actions OFFICE BASICS INC STEPHEN R JOHNSON Edit Delete A E LITHO GROUP JAMES M GARTLAND CFO Edit Delete BLUE B Add/Edit Vendor Information **Add/ Edit Vendor Information** * Vendor Company Name: * Services Provided: ☐ Support ☐ Training ☐ Microfilming ☐ Software / Software Maintainence ☐ Hardware / Hardware Maintainence If you need to provide any details not covered in the form * Vendor Representative Name: * Title: * Phone: * Email: Cancel Save Save & Next







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☐ Data Migration Report (replacement systems) ☐ Migration Path Statement (a	(all applications)
Information Form Record Series List Attachments Esign/Forward/ Submit	
Agency Verification:	
agency's image processing system upon this date. I understand that any futur	listed on and/or attached to this Image Processing System Registration Application is a true and an accurate reflection of the ure changes to the imaging system will require the submission of an Image Processing System Annual Review/Amendment For ords Management Services for review for system compliance. Revenue and Enterprise Services will verify your identity after yo
Esign & Fo	orward Submit Reset Esign

Rules for Submit-

Data will be validated on click of Submit.

If Validation is successful then user will be prompted for pin and esign / Forward / Submit.