Artemis
RECORDS RETENTION AND DISPOSITION MANAGEMENT SYSTEM

STATE OF NEW JERSEY
NJ DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
RECORDS MANAGEMENT SERVICES

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> 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 |

Organization : S - State Agency   **RESPONSIBLE AGENCY NAME:** [G100000 - STATE GENERAL RECORDS SCHEDULE ▼]   **IMAGING SYSTEM NAME:** [   ]

Application Type: ☐ In-House Imaging System   ☐ Special Document Imaging Services (NJ DORES Services)

1. Agency Profile

*Agency Name:** (include Department, Division, and Bureau when appropriate) [   ]

Agency Address

* **Address 1:** [   ]   **Address 2:** [   ]

* **City:** [   ]   * **State:** [   ]   * **Zip:** [   ]   **Agency Website:** [   ]

Primary Contact Information

* **Name:** [   ]   **Title:** [   ]   * **Phone:** [   ]

Fax: [   ]   * **Email Address:** [   ]

Address (if different from Agency Address)

* **Address 1:** [   ]   **Address 2:** [   ]

* **City:** [   ]   * **State:** [   ]   * **Zip:** [   ]

2. Records Management And Indexing

* **2.1: Are Approved routine records disposal methods being used?**   ○ Yes   ○ No (if No then explain why)

[if No then explain why   ]

* **2.2: Indexing has the same functionality of the original Records management system?**   ○ Yes   ○ No

2.3 Agencies/Offices Responsible for the Management of the Image Processing System   [   ]

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3. Feasibility Study & Request For Proposal

* **3.1: Was feasibility study conducted for the system selection?**   (if Yes provide required document in Attachments Tab)   ○ Yes   ○ No

* **3.2: Was a Request for Proposal (RFP) prepared for system selection?** (if Yes provide required document in Attachments Tab)   ○ Yes   ○ No

4. System Configuration & Documentation

4.1 Image Capture

* **Product Name:** [_____]

* **Product Type:**   ○ On-Premise (Specify if On-Premise)   * **Server Operating System:** [_____]   * **Database:** [_____]   * **Image Storage:** ○ Server   ○ Network Storage (NAS)

○ 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   [_____]
☐ Other. Please Specify:
[_____]

4.2 Retrieval

* **System Architecture:**   ○ Open/ Non-Proprietary   ○ Closed / Proprietary (Agency MUST have an aggrement to Escrow source code)

* **Product Same as Image Capture:**   ○ Yes   ○ No   * **Product Name:** [_____]   * **Product Type:**   ○ On-Premise   ○ Cloud Hosted
(Specify only if different)   (Specify only if On-premise)   **Server Operating System:** [_____]

* **Database:** [_____]

* **Product Developer:** [_____]   * **Image Storage:** ○ Server   ○ Network Storage (NAS)

* **Product Vendor:** [_____]

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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

* 5.2 Scanned Images Log (Mandatory)   ○ Yes   ○ No

* 5.3 Hardware/ Software Error Log (Mandatory)   ○ Yes   ○ No

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*   ☐ N/A (example: Cloud)   If Other provide brief explanation _____

6.5 Disaster Recovery Site: ☐ Hot Site Location: _____

☐ 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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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 BOOK	Nancy Keller	Edit Delete

* **Add New Vendor**

8. Additional Information

If you need to provide any details not covered in the form

Save   **Save & Next**

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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

* **Vendor Representative Name:** [_____]

* **Title:** [_____]

* **Phone:** [_____]

* **Email:** [_____]

[Save]   [Cancel]

8. Additional Information

If you need to provide any details not covered in the for...

[Save]   [Save & Next]

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Records Series List:

Schedule Code	Record Series Number	Record Series Name	Name as Referred by Agency	Retention Policy	From Year	To Year	Back-up	Actions
C82	0001-0000	Invoice/Quick Invoice(In/QI)	Invoice	7 Years	2020	2026	Microfilm	Edit Delete
C82	0002-0001	Advice of charge(using Agency)	Advice of charge	7 Years	2020	2026	Paper	Edit Delete
C82	0003-0001	Cash Receipt/Alternate Cash Receipt/Quick Receipt (Using Agency)	Receipt	5 Years	2023	2026	Microfilm	Edit Delete
C82	0303-0010	Contracts/Agreements And Amendments – Equipment	Contracts	7 Years After disposition of equipment	2023	2026	Paper	Edit Delete
C82	0705-0005	Information Technology Operating System Documentation File	IT OS Documentation File	7 yrs after system is either superseded or discontinued	2022	2028	Microfilm	Edit Delete

Add New Record Series

Save   **Save & Next**

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Records Series List:

Schedule Code	Record Series Number	Rec				From Year	To Year	Back-up	Actions
014	0001-0000	Inv				2020	2026	Microfilm	Edit View Delete
014	0002-0001	Ad				2020	2026	Paper	Edit View Delete
014	0003-0001	Cas				2023	2026	Microfilm	Edit View Delete

Add/Edit Record Series   ✕

Add/ Edit Record Series

* Schedule Code: — Select — ▼   * Record Series Number: — Select — ▼

Record Series Name: **Retention Policy:**

Name As Referred by Agency: [_____]

* **Form Year:** [_____]   * **To Year:** [_____]

* **Backup:**   — Select — ▼

[Save]   [Cancel]

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Upload Attachments:

* **Published Affadavit of Production:**   **Affadavit.pdf** ❌

* **Disaster Preparedness and Recovery Plan:**   [Upload]

* **Scanning Policy and Procedures:**   [Upload]

Data Migration Statement: [Upload]

Feasibility Study and or RFP / RFI / RFB (if applicable):   [Upload]

Data Migration Report (replacement systems) (Optional)   [Upload]

[Save]   [Save & Next]

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Agency Verification:

By entering the information below, I hereby certify that the documentation listed on and/or attached to this Image Processing System Registration Application is a true and an accurate reflection of the agency's image processing system upon this date. I understand that any future changes to the imaging system will require the submission of an Image Processing System Annual Review/Amendment Form to the State of New Jersey, Division of Revenue and Enterprise Services, Records Management Services for review for system compliance. Revenue and Enterprise Services will verify your identity after you submit this form.

[Esign & Forward]   [Submit]   [Reset Esign]