

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS-CENTRAL REPOSITORY
REGISTRATION FOR AUTHORIZATION FOR RECORD CHECKS

Date: _____

- This is a NEW registration.
- This is a CHANGE to a current registration.

List Authorization Number if known: _____

I. COMPANY OR AGENCY NAME: _____
(Must be listed as employer on application & fingerprint card submitted for check)

CONTACT PERSON: _____
(Person who will be handling the criminal history record information from CJIS)

CONTACT PERSON'S TITLE: _____

CONTACT PERSON'S TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

E-mail address _____

Fax Number: _____

II. REASON FOR REQUEST:

- ___ ADULT DEPENDENT CARE (For Maryland Adult Dependent Program Only)
- ___ ATTORNEY/CLIENT
- ___ CHILD CARE (Licensed Agencies working with Children in Maryland Only)
- ___ CRIMINAL JUSTICE (For Criminal Justice Agencies ONLY)
- ___ GOVERNMENT EMPLOYMENT - Federal ___ State ___ Local ___
- ___ GOVERNMENT LICENSING/CERTIFICATION

Business License Number : _____ (REQUIRED)

IF AUTHORIZED BY STATUE, ENTER STATUTORY CITATION: _____

IV. I CERTIFY THAT UNDER THE SPIRIT AND INTENT OF THE LAWS OF MARYLAND, I UNDERSTAND THAT DATA RETURNED TO ME CAN ONLY BE USED AS REQUESTED AND THAT I AM NOT AUTHORIZED FOR FURTHER DISSEMINATION.

SIGNATURE

TITLE

MAIL OR FAX COMPLETED FORM TO: CJIS AUTHORIZATION ADMINISTRATOR
POST OFFICE BOX 32708
PIKESVILLE, MARYLAND 21282-2708
FAX# 410-653-6320