

STATE OF MARYLAND

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

☐ This is a NEW registration.	
☐ This is a CHANGE to a current regist	ration.
List Authorization Number if known:	
	······································
I. COMPANY OR AGENCY NAME:	
CONTACT PERSON:	
	inal 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:	
Business License#:	
Please include a copy of your business	s license, IRS paperwork EIN# and a short bio about your
agency.	
II. REASON FOR REQUEST:	
ADULT DEPENDENT CARE (For Maryland	Adult Dependent Program Only)
ATTORNEY/CLIENT	
ATTORNET/ CHIENT	
CHILD CARE (Licensed Agencies worki	ng with Children in Maryland Only)
CRIMINAL JUSTICE (For Criminal Just	ice Agencies ONLY)
	
GOVERNMENT EMPLOYMENT - Federal	State Local
GOVERNMENT LICENSING/CERTIFICATION	ſ
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IF AUTHORIZED BY STATUE, ENTER STATUTOR	
	ND INTENT OF THE LAWS OF MARYLAND, I UNDERSTAND THAT DATA AS REQUESTED AND THAT I AM NOT AUTHORIZED FOR FURTHER
DISSEMINATION.	
	SIGNATURE Date:
	TITLE

MAIL, Email or FAX COMPLETED FORM TO:	•
	POST OFFICE BOX 32708

PIKESVILLE, MARYLAND 21282-2708
Dlcjiscustomerservice7_dpscs@maryland.gov

Fax# 410-653-6320 or 5690