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 registration.

List Authorization Number if known: _____

I. COMPANY OR AGENCY NAME: _____

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: _____

Business License#:_____

Please include a copy of your business 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

___ 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

IF AUTHORIZED BY STATUE, ENTER STATUTORY CITATION: _____

III. 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

_____ Date: _____
TITLE

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MAIL, Email or FAX COMPLETED FORM TO: CJIS AUTHORIZATION ADMINISTRATOR
POST OFFICE BOX 32708
PIKESVILLE, MARYLAND 21282-2708
Dlcjiscustomerservice7_dpscs@maryland.gov
Fax# 410-653-6320 or 5690

Form/ITCD-96