



## CJIS-CR AUTHORIZATION UPDATE FORM

### APPLICANT INFORMATION

Please type or print all information legibly.

AGENCY AUTHORIZATION NUMBER: \_\_\_\_\_

Category:

- Adult Dependent Care Agency   
  Attorney/Client   
  Child Care Agency   
  Criminal Justice Agency  
 Government Employment Agency   
  Government Licensing Agency   
  Public Housing Authority

**Please advise us immediately of any change to your CJIS-CR authorization information.**

1) Current Agency Name: \_\_\_\_\_

2) New Agency Name: \_\_\_\_\_

3) Current Contact Person: \_\_\_\_\_

4) New Contact Person: \_\_\_\_\_

5) Old Mailing Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(County/City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

New Mailing Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(County/City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

6) Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

7) Email Address: \_\_\_\_\_

### NEXT GENERATION IDENTIFICATION (NGI) RAP BACK SERVICE ENROLLMENT

If you elect to enroll in the NGI Rap Back Service with the State of Maryland, please select the following:

- Enroll into NGI Rap Back Service (Your Authorization Number MUST be listed at the top of this document in order to enroll) \_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### MAILING INFORMATION

**You may mail or email this form to:**

CJIS-Central Repository  
 P.O. Box 32708  
 Pikesville, MD 21282-2708

Email: [cjis.revisedapplications@maryland.gov](mailto:cjis.revisedapplications@maryland.gov)