STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:

Date of birth: | SSN: | Gender: ☐ Male ☐ Female *(Please check)*

Height: ft. inches | Weight: lbs. | Eye Color: | Hair Color:

Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other *(Please check)*

Place of Birth: | Citizenship:

Current address:

City: | State: | ZIP Code:

Daytime Phone: | Evening Phone: | Driver's License #:

AGENCY INFORMATION

Agency Authorization #: 11-00000031 ori# 0044554 $1400003953

ORI # (if required): | Reason fingerprinted? Employment

Position Applied for:

Request Type: *(Choose one ONLY)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☐ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: ______________________________

Address: ______________________________

City, State, Zip code: ______________________________

Baltimore

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CENTRAL REPOSITORY
P.O. BOX 32708
PIKESVILLE, MD. 21282-2708

365 DAY REQUEST FOR CHILD CARE CRIMINAL HISTORY RECORD CHECK

NAME ____
(Last) (First) (MI)

ADDRESS ____
(Number) (Street) (P.O. Box)

____
(City) (State) (Zip Code)

SOCIAL SECURITY NUMBER _____-_____-_____ DATE OF BIRTH ___/___/___
(This information is required under Article 27, § 742-755, Maryland Annotated Code and under COMAR 12.15.01 in order verify and preserve security of the record)

THE REFERENCE NUMBER FROM YOUR MOST RECENT CHILD CARE APPLICATION FOR A FINGERPRINT SUPPORTED CRIMINAL HISTORY RECORD CHECK (the check must have occurred within the past 365 days).

____ (12 DIGIT NUMBER)

I hereby give my consent for requested Child Care Criminal History Information to be forwarded to the employer listed below.

SIGNATURE OF EMPLOYEE ______________________________ DATE __________

TO BE COMPLETED BY NEW EMPLOYER: Please list complete mailing address.

Best Buddies Learning Center
(EMPLOYER NAME)
9715 Philadelphia Road
(ADDRESS)
Baltimore, MD. 21237
(CITY) (STATE) (ZIP CODE)

AUTHORIZATION NUMBER: 11 000000 3 / ori #004455Y & 14000003953

AUTHORIZED SIGNATURE: Barbara Bowitt

DATE: ______________________________

MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21282-2708
Customer Assistant Desk: (410) 764-4501 Fax#: 410-653-5690 Alt. Fax#: 410-653-6320

FOR CJIS CENTRAL REPOSITORY USE ONLY

This request can not be processed because:

- _________ this is not a valid reference number
- _________ this is not a valid authorization number
- _________ this reference number has not been received at the Central Repository
- _________ this authorization number is not approved for this request.
- _________ the application associated with this reference number was received more than 365 days before receipt of this request.
- _________ requested information is not completed