

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES (ITCD)
CRIMINAL JUSTICE INFORMATION SYSTEM (CJIS) - CENTRAL REPOSITORY (CR)

GENERAL REGISTRATION FORM

I. COMPANY OR AGENCY NAME: _____

CONTACT PERSON: _____
(This is the person to whom all correspondence will be addressed)

CONTACT PERSON'S POSITION TITLE: _____

CONTACT PERSON'S TELEPHONE NUMBER: _____ EXT: _____

MAILING ADDRESS: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

II. REASON FOR REQUEST:

ADULT DEPENDENT CARE (For Maryland Adult Dependent Program ONLY)

ATTORNEY/CLIENT

CHILD CARE (For Maryland Child Care Facilities ONLY)

CRIMINAL JUSTICE (For Criminal Justice Agencies ONLY)

GOVERNMENT EMPLOYMENT (select one only): Federal State Local

GOVERNMENT LICENSING/CERTIFICATION

PUBLIC HOUSING AUTHORITY

IF AUTHORIZED BY STATUTE, 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

MAIL SIGNED AND COMPLETED FORM TO:

CJIS AUTHORIZATION ADMINISTRATOR
POST OFFICE BOX 32708
PIKESVILLE, MARYLAND 21282-2708

OR FAX SIGNED AND COMPLETED FORM TO:

410 653 5690