



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

\*\*\*\*\*

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



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

**AUTHORIZATION UPDATE FORM**

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

- 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. Please type or print all information clearly.**

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

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

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

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

5) **Old Mailing Address:** \_\_\_\_\_  
 (Street)

(City) (State) (Zip Code)

**New Mailing Address:** \_\_\_\_\_  
 (Street)

(City) (State) (Zip Code)

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

7) **E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature Title Date**

\*\*\*\*\*

**You may mail or FAX the form to:**  
**CJIS-Central Repository**  
**P.O. Box 32708**  
**Pikesville, MD 21282-2708**  
**FAX: (410) 653-6320**  
**Alternate FAX: (410) 653-5690**



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 P.O. BOX 32708  
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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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.**

\_\_\_\_\_  
 (EMPLOYER NAME)

\_\_\_\_\_  
 (ADDRESS)

\_\_\_\_\_  
 (CITY) (STATE) (ZIP CODE)

**AUTHORIZATION NUMBER:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**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

## **INSTRUCTIONS**

**Make sure the previous criminal history record information is completed before sending in the 365 request form.**

**THERE IS NO FEE REQUIRED FOR THIS REQUEST**

### **WHEN TO USE THIS FORM**

This form can be used to request a Child Care Criminal History Record Check only for **employees an or/volunteers** of the requesting employer. It must be received within 365 days of submission of a previous Child Care Criminal History Record Check request that included fingerprints.

### **COMPLETION OF FORM**

**All fields must be completed** or this request will be rejected and returned. If applicant does not have a social security number enters 000-00-0000. **The employee must sign request.**

### **REFERENCE NUMBER**

This number is listed on all applications and responses completed by the Central Repository. If applicant does not have this number they may call CJIS Customer Assistance. They will need to provide their social security number and name of employer who submitted the fingerprint based application they are calling about, at which point the operator will check the system and provide the applicant with the number. This information can only be provided to the applicant.

### **NEW EMPLOYEES**

You must list your agency name, address, and authorization number. The form must also be signed and dated by an authorized individual of your agency.

### **RESPONSES**

All responses will be mailed directly to the designated contact person and address listed in the Central Repository database for the new employer. Employees will not receive copies nor be notified of completion. Employees will only receive rejected applications.

### **REJECTIONS**

All rejections of this 365 day request will be returned to the new employer

If reference number listed is a valid number but has not yet been received by the Central Repository, this request will be held for 10 working days. If an application is not received (with the same reference number as listed on this request) within that period, this request will be returned to the new employer and noted as such.

### **ASSISTANCE**

For further assistance call CJIS Customer Assistance at (410) 764-4501 or toll free 1-888-795-0011.  
Monday through Friday 8:00 am to 5:00 pm.



## Department of Public Safety and Correctional Services

CRIMINAL JUSTICE INFORMATION SYSTEMS-CENTRAL REPOSITORY

### Information Technology & Communications Division

Post Office Box 32708 • Pikesville, Maryland 21282-2708

Main No: 410-764-4501 Toll Free 1-888-795-0011 • Facsimile No: 410-653-6320/5690 • [www.dpccs.maryland.gov](http://www.dpccs.maryland.gov)

### Instructions for using CJIS/CR certified

Your certified Email account address is your Logon ID

- *Instructions for configuring your certified email account*
- *Instructions to access certified mail after initial setup*
  - *Instructions for lost or forgotten password*

## Instructions for configuring your certified email account

Upon receipt of the initial secure email message:

Cc: [REDACTED]  
Subject: Instruction request

CJIS/CR has created a secure e-mail message for you at:

<https://cm.dpscs.state.md.us/r.aspx?b=16&eh=TEbPyzfEjUWo17rBHakwoA>

To access your message, simply follow these steps:

1. Click on the above link.
2. You will be prompted to create a password to protect your account.
3. Access your Inbox to view your message

If you need help, please send an e-mail to [cmsupport@dpscs.state.md.us](mailto:cmsupport@dpscs.state.md.us).

-----  
**Message Details:**

Subject: instruction request  
From: [sxchalla@dpscs.state.md.us](mailto:sxchalla@dpscs.state.md.us)  
To: [SFJennings@dpscs.state.md.us](mailto:SFJennings@dpscs.state.md.us)  
Created: 5/27/2009 10:09:29 AM (EDT)  
Expires: 6/27/2009 10:09:29 AM (EDT)

Click on link

(c) 1996-2009 CertifiedMail.com Inc., All Rights Reserved.  
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**MARYLAND**  
DEPARTMENT OF PUBLIC SAFETY  
& CORRECTIONAL SERVICES

Home

### Secure Message Pickup

Simply create a password to protect your account.

▼ Create a Password

\*\*\*\*\* ( ? )  
\*\*\*\*\* (Re-enter password to Verify)

▼ Configure my language settings.

▼  
Next

Make up a password, re-enter the password, then select next

**MARYLAND**  
DEPARTMENT OF PUBLIC SAFETY  
& CORRECTIONAL SERVICES

Member Center | **Inbox** | Track Sent | Logout | Help

Inbox

Search [ ] in Subject [ ] [Go]

View Folder | Inbox | Page Size 10

ID	Date	From	Subject	Size
4715676	9/22/2016	<a href="mailto:cjs_earl@dpscs.state.md.us">cjs_earl@dpscs.state.md.us</a>	CHRI_TEST_DOC_R_FBI CERT MAIL TEST	166 b

Delete | Put in Folder... | 1 of 1

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Click on message to open email

**View Message** [Reply To Sender](#) [Download Message](#)

Sent: 9/22/2016 11:43:50 AM (GMT-05:00)  
Expires: 10/22/2016 11:43:50 AM (GMT-05:00)  
From: cjl@dpdpscs.state.md.us  
Subject: CHR1\_TEST\_DOC\_R\_FBI CERT MAIL TEST  
To: onyema.isigwe@maryland.gov

Please see the attached doc: This is an Email TEST!!!!!! via SecureM Mail

Click on the Download Message link to download the document.

✓ Security Envelope Message Integrity 

✓ Server Encryption Message is protected with strong encryption 

✓ Secure Session Securely view and download this message 

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**View Message** [Reply To Sender](#) [Download Message](#)

Sent: 9/22/2016 11:43:50 AM (GMT-05:00)  
Expires: 10/22/2016 11:43:50 AM (GMT-05:00)  
From: cjl@dpdpscs.state.md.us  
Subject: CHR1\_TEST\_DOC\_R\_FBI CERT MAIL TEST  
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Please see the attached doc: This is an Email TEST!!!!!! via SecureM Mail

✓ Security Envelope Message Integrity 

✓ Server Encryption Message is protected with strong encryption 

✓ Secure Session Securely view and download this message 

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Do you want to open or save DM-4715676.pdf (4.87 KB) from cm.dpscs.state.md.us? Open | Save | Cancel

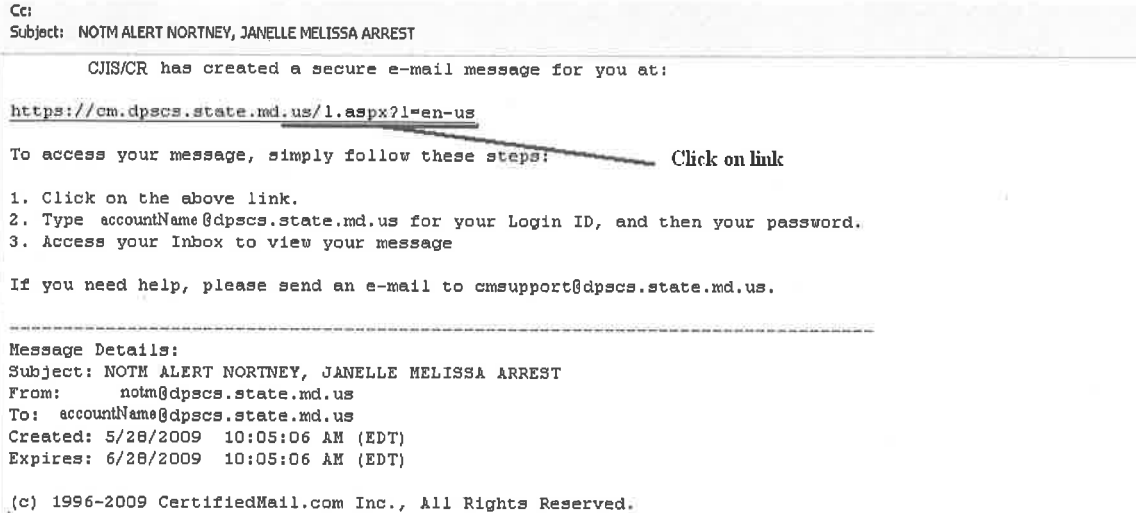
**Message** Log out when finished

---

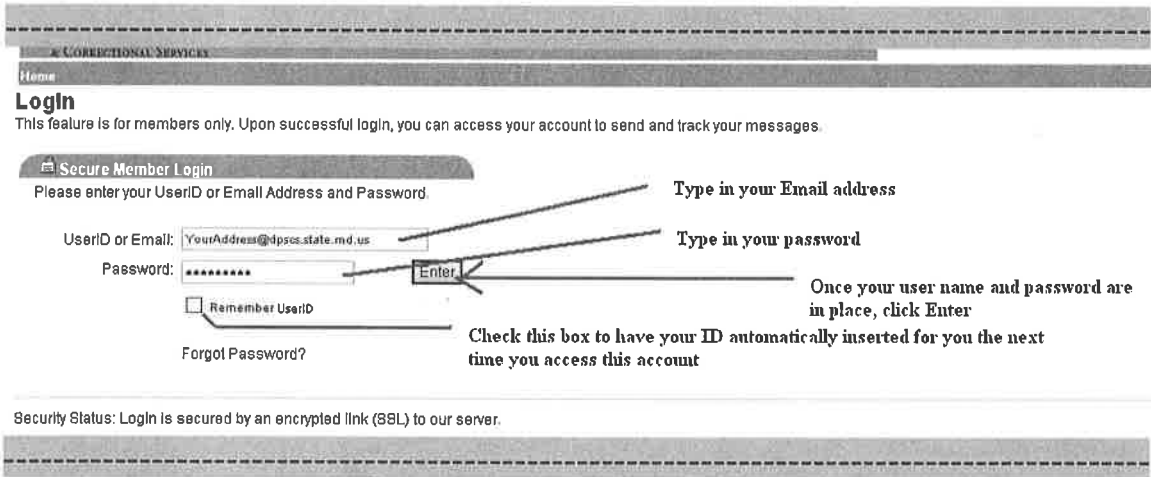
5/27/2009 10:09:29 AM (EDT)  
3/27/2009 10:09:29 AM (EDT)

## Instructions to access certified mail after initial setup

### Open the Email message



Item 2 should read "Type your registered email address for your Login ID, and the your password"



The Email message page will open; see the Secure Message Center image above.



## Instructions for lost or forgotten password

Open Email message, see image below, then

Home

### Login

This feature is for members only. Upon successful login, you can access your account to send and track your messages.

**Secure Member Login**

Please enter your UserID or Email Address and Password.

UserID or Email:

Password:

Remember UserID

[Forgot Password?](#) ← Select the Forgot Password Link

Security Status: Login is secured by an encrypted link (SSL) to our server.

Powered by CertifiedMail

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Home


### Forgot Password

To reset your CertifiedMail password, supply your email address below and click Reset Password. A link that will allow you to access your account and change password will be emailed to you at the address you supplied during your account setup.

Email Address:   ← Enter Email Address, Select Enter button

Powered by CertifiedMail

A Password Notification Message will be sent to your Email address

 **Secure Message Center**

Home



### Password Successfully Reset

A Password Reset Notification is being sent to the email address associated with your CertifiedMail account. When you receive this email, simply click on the embedded link you will be prompted to create a new password to protect your account. Until you actually change your password, you will still be able to use your old password to access your account.

[Return to login page](#)

Powered by CertifiedMail

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 **cmdelivery@dpscs.state.md.us** 11:48 AM 

CertifiedMail Forgot Password Notification

From: cmdelivery@dpscs.state.md.us

Sent: Thu 5/28/2009 11:47

To:

Cc:

Subject: CertifiedMail Forgot Password Notification

You have selected the Forgot Password link, indicating that you would like to assign a new password to your secure account.

To complete this process, simply click on the following link:

<https://cm.dpscs.state.md.us/r.aspx?b=46e5fJennings%40dpscs%2Estate%2Emd%2Eus&p=KP28&l=en-us>

After clicking this link you will be prompted to enter a new password and verify it. If you would rather keep your current password, simply ignore this email.

If you need help, please send an e-mail to cmsupport@dpscs.state.md.us.

Select Link to enter a new password

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**MARYLAND**

DEPARTMENT OF PUBLIC SAFETY  
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## Secure Message Center

Home

### Change Account Password

Change your password to protect your account.

▼ Change Your Password

 **Enter new password**

(Re-enter password to Verify)

Access Your Account

Then access your account

Powered by CertifiedMail



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

**LIVESCAN PRE-REGISTRATION APPLICATION**

**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 #:

ORI # (if required): \_\_\_\_\_ Reason fingerprinted? \_\_\_\_\_

Position Applied for:

Request Type: (Choose one ONLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Dependent Care  | <input type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client       | <input type="checkbox"/> Immigration/VISA                      |
| <input type="checkbox"/> Child care            | <input type="checkbox"/> Individual Challenge                  |
| <input type="checkbox"/> Criminal Justice      | <input type="checkbox"/> Individual Review                     |
| <input type="checkbox"/> Gold Seal/ Adoption   | <input type="checkbox"/> MSP Licensing                         |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition                |
| <input type="checkbox"/> Government Employment | <input type="checkbox"/> Public Housing                        |

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_