



**APPLICATION TO RECEIVE CRIMINAL HISTORY RECORD INFORMATION
 FOR EMPLOYMENT OR LICENSING PURPOSES**

PART I. AGENCY CONTACT INFORMATION

Name of Agency:		
Agency Street Address:		
City:	State:	Zip Code:
Agency Point of Contact:		
Agency Point of Contact's Position/Title:		
Mailing Address:		
City:	State:	Zip Code:
Business Phone:	Ext:	Fax:
Email Address:		
Is your agency a governmental agency? <input type="checkbox"/> Yes (please complete Part III ONLY) <input type="checkbox"/> No (please complete Parts II and III)		

PART II. GOVERNMENTAL AGENCY CONTACT INFORMATION

If you answered **Yes** in Part I, please provide the name of the contact person from the governmental agency that has employment/licensing authority over your agency.

List the statutory (legal) authority that authorizes your agency to receive federal criminal history information: (ex. Criminal Procedure Article, §10-236.3, Annotated Code of Maryland) _____		
Governmental Agency Name:		
Governmental Agency Point of Contact:		
Governmental Agency Primary Point of Contact's Position / Title:		
Street Address:		
City:	State:	Zip Code:
Email Address:	Business Phone:	Ext:

PART III. REASON FOR REQUEST

Only one (1) request type should be checked; checking more than one (1) request type will result in a delay in processing this application.

CHILD CARE

Copy of License/Certification required at time of application.

Maryland programs ONLY, pursuant to Family Law Article, §5-551, Annotated Code of Maryland; entitled to state criminal history record information only. Federal criminal history record information may only be disseminated to a governmental agency.

1. Child Care center required to be licensed by the Maryland State Department of Education - Office of Child Care Administration. Please identify Child Care Region.
 Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7
 Region 8 Region 9 Region 10 Region 11 Region 12 Region 13
2. Family Child Care home or large family Child Care home required to be registered by the Maryland State Department of Education - Office of Child Care Administration. Please identify Child Care Region.
 Region 1 Region 2 Region 3 Region 4 Region 5 Region 6 Region 7
 Region 8 Region 9 Region 10 Region 11 Region 12 Region 13
3. Child Care home required to be licensed by the Department of Human Services or Maryland Department of Juvenile Services.
4. Child Care institution required to be licensed by the Department of Human Services or Maryland Department of Juvenile Services.
5. Juvenile detention, correction, or treatment facility operated by the Maryland Department of Juvenile Services.
6. A public school as defined in Title I of the Education Article.
7. Private or nonpublic school with a certificate of approval from the Maryland State Department of Education; required to report annually.
8. Department of Human Services foster care family home or group facility.
9. Recreation center or recreation program operated by the State primarily serving minors.
10. Recreation center or recreation program operated by a local government primarily serving minors.
11. Recreation center or recreation program operated by a private entity primarily serving minors.
12. Day or residential camp primarily serving minors that is licensed by the Maryland Department of Health.
13. Home health agency or residential service agency providing home or community-based health services for minors licensed by the Maryland Department of Health.
14. A contractor or subcontractor having employees that will have direct, unsupervised, and uncontrolled access to children in a facility listed Sections 1-12 of this application.
15. An employer at a facility not identified in sections 1-12 of this application who employs individuals to work with children.

ADULT DEPENDENT CARE

Copy of License/Certification required at time of application.

(Maryland programs ONLY, licensed or regulated by Maryland Department of Health; entitled to STATE Criminal History Record Information ONLY)

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| <p>1. <input type="checkbox"/> Adult Day Care Facility</p> <p>2. <input type="checkbox"/> Assisted Living Program Facility</p> <p>3. <input type="checkbox"/> Group Home</p> <p>4. <input type="checkbox"/> Home Health Agency</p> | <p>5. <input type="checkbox"/> Residential Service Agency</p> <p>6. <input type="checkbox"/> Congregate Housing Services Program</p> <p>7. <input type="checkbox"/> Alternate Living Unit</p> <p>8. <input type="checkbox"/> Hospice Facility</p> | <p>9. <input type="checkbox"/> An organized institution, environment, or home that maintains conditions or facilities and equipment to provide domiciliary, personal, or nursing care for two or more unrelated individuals who are dependent on the administrator, operator, or proprietor for nursing care or the subsistence of daily living in a safe, sanitary, and healthful environment; and admits or retains the individuals for overnight care.</p> |
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GOVERNMENT EMPLOYMENT or LICENSING

- Government Employment: Criminal Justice Federal State Local
- Government Licensing/Certification: (Note: Copy of License/Certification **required** at time of application.) State Local

ATTORNEY/CLIENT

(Entitled to STATE Criminal History Record Information ONLY)

- Attorney/Client

PART IV. AUTHORIZED SIGNATURE

Application invalid unless signed below.

I certify, under penalty of law, that the statements made herein are true and correct to the best of my knowledge, information, and belief.

I certify that in the event this Application is approved, I will submit record check requests to the CJIS -CR only for employees, prospective employees, licensees, and/or applicants for licenses. Criminal history record information (CHRI) received as a result of this approved Application may only be used for the purpose with which it was requested and in accordance with applicable Federal and State laws and regulations. I further understand that any criminal history record information received is not to be disseminated (shared) with any other person and/or agency.

The Applicant agrees to indemnify and hold harmless the Maryland Department of Public Safety and Correctional Services, its employees and officials from any claim, demands, actions, suits, and proceedings brought by others against the Applicant arising from this Application, which are founded upon the negligence or other tortuous conduct of the Applicant.

Signature

Date

Title

PART V. SUBMISSION INSTRUCTIONS

Completed and signed applications should be submitted via email to: dlcjiscustomerservice7_dpccs@maryland.gov

- ✓ Please attach a brief description of your agency.
- ✓ Please include applicable licensing and/or certification.
- ✓ Please note that submitting this application through other means (mail, hand delivery, etc.) may cause a delay in processing the application.

FOR INTERNAL AGENCY USE ONLY – DO NOT WRITE BELOW THIS LINE.

<p><input type="checkbox"/> Adult Dependent Care</p> <p><input type="checkbox"/> Attorney/Client: <input type="checkbox"/> State Only</p> <p><input type="checkbox"/> Child Care: <input type="checkbox"/> Full <input type="checkbox"/> State Only</p> <p><input type="checkbox"/> Government Employment: <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Full <input type="checkbox"/> State Only</p> <p><input type="checkbox"/> Government Licensing/Certification: <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Full <input type="checkbox"/> State Only</p>	<p><input type="checkbox"/> Agency description attached</p> <p><input type="checkbox"/> Certification attached</p> <p><input type="checkbox"/> License attached</p>	<p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p><input type="checkbox"/> Pending— Application Incomplete</p>
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Reviewer's Initials:

Review Date:

Application Expiration Date: