



08 3039 90105 5



APPLICATION FOR CRIMINAL HISTORY RECORD CHECK

-READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION  
-ONLY ORIGINAL APPLICATION WILL BE PROCESSED  
-TYPE OR PRINT ALL INFORMATION CLEARLY  
-CHECK OR MONEY ORDER (NO CASH) MADE PAYABLE TO:  
CJIS-CENTRAL REPOSITORY  
-MAIL COMPLETED APPLICATION TO:  
CJIS, P.O. BOX 32708, PIKESVILLE, MD 21282-2708  
OR RETURN TO REQUESTING AGENCY  
-FOR ASSISTANCE CALL 410-764-4501

MD

ORI#

Reason Fingerprinted

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

ADDRESS \_\_\_\_\_  
(Number) (Street) (Apt. #) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

DAYTIME PHONE NUMBER \_\_\_\_\_ EVENING PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
MM DD YYYY

HEIGHT: FT. \_\_\_\_ IN \_\_\_\_ WEIGHT \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ EYES \_\_\_\_ HAIR \_\_\_\_

† SOCIAL SECURITY NUMBER

MD. DRIVER LICENSE NUMBER

POSITION APPLIED FOR: \_\_\_\_\_

AUTHORIZATION NUMBER \_\_\_\_\_

ATTENTION \_\_\_\_\_  
**#0600062013**  
**Shirley Costley**

MAIL REPLY TO: \_\_\_\_\_  
**MD Board of Pharmacy**

ADDRESS \_\_\_\_\_  
**4201 Patterson Avenue**  
**Baltimore, MD 21215**  
(Number) (Street) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

† Privacy Act of 1974 (PL. 93-579) applies.

"By submitting your check for payment you are opting into electronic processing. To see more details on this please visit our website at [www.dpscs.state.md.us](http://www.dpscs.state.md.us)"

- State Only
  - State and FBI
  - State and FBI Volunteer
- CHRI REQUEST TYPE:
- Check Only One
- Adult Dependent Care
  - Attorney/Client Criminal Case # \_\_\_\_\_
  - Child Care
  - Criminal Justice
  - Gold Seal Letter/Adoption
  - Gold Seal Letter/Visa
  - Government Employment
  - Government Licensing or Certification
  - Immigration/Visa
  - Individual Challenge
  - Individual Review
  - MSP Licensing
  - Private Employer Petition
  - Public Housing Authority

- Payment Enclosed
- Amount \$ \_\_\_\_\_
- Check or M.O. # \_\_\_\_\_
- Bill Authorization Account (must have approved billing agreement)
- Indigent (Form must be attached with verification)
- One FBI fingerprint card enclosed for FBI