



APPLICATION TO RECEIVE STATE OF MARYLAND CRIMINAL HISTORY RECORD INFORMATION FOR PRIVATE PARTY PETITIONERS

INSTRUCTIONS TO PETITIONER

State of Maryland Criminal History Record Information (CHRI) may be disseminated to a nongovernmental employer, employment agency, membership association, landlord (including a public housing authority, or duly designated agent) licensed, chartered, or registered in any state, territory or possession of the United States, or in the District of Columbia upon convincingly demonstrating to CJIS that the subject of the requested criminal history record information could, have the capability to:

- Jeopardize the life or safety of an individual;
- Cause significant loss or damage by illegally accessing or misusing the fiscal or non-fiscal assets of the employer, landlord, association or its members, or the public; or
- Otherwise engage or participate in criminal conduct in violation of State, local, and federal law.

Complete the entire Application and include a copy of any applicable State of Maryland licensure or certification and a brief biographical description of the agency.

For assistance, contact the CJIS Customer Services Unit at 410-764-4501 or toll free at 1-888-795-0011.

PART I. PETITIONER IDENTIFICATION INFORMATION

Name of Agency:

Agency Street Address:

City:

State:

Zip Code:

Agency Point of Contact:

Agency Point of Contact's Position/Title:

Agency Mailing Address:

City:

State:

Zip Code:

Business Phone:

Ext:

Fax:

Email Address:

PART II. POSITION DESCRIPTION INFORMATION

This Application is only approved for specific positions/job titles and requires information and justification for each position/job title for which criminal history record information is requested. Petitioner must list each title as a separate entry.

JUSTIFICATION FOR REQUEST

Check those that apply to the responsibilities of the position(s) listed in Part II.

Jeopardize the life or safety of individuals
Cause significant loss or damage with illegal access to or misuse of employer's fiscal or non-fiscal assets of the employer, landlord, association or its members, or the public; or
Engage/participate in criminal conduct in violation of local, state, or federal law

Please complete this area if this request is required or authorized by Federal or State law.

Jurisdiction (check one) Federal State Local

List statute/citation reference: _____

If applicant is for leased real property enter "tenant" in the job title; no justification is necessary (leave blank).

Note: Individuals are prohibited from obtaining CHRI on themselves through the Private Party Petition process. Contact the CJIS Customer Services Unit for guidance on how to conduct an Individual Review.

1. Job Title:

Justification:

2. Job Title:

Justification:

3. Job Title:

Justification:

4. Job Title:

Justification:

5. Job Title:

Justification:

6. Job Title:

Justification:

7. Job Title:

Justification:

8. Job Title:

Justification:

9. Job Title:

Justification:

PART III. 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, as the Petitioner, I will submit criminal history record check requests to the CJIS - CR only for employees and prospective employees, volunteers, association members, or tenants for positions designated in the approved Application.

I understand that any criminal history record information returned must only be 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 Petitioner 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 Petitioner arising from this Application, which are founded upon the negligence or other tortuous conduct of the Petitioner.

Signature

Date

Title

PART IV. SUBMISSION INSTRUCTIONS

Completed and signed applications should be submitted via email to: dlcjscustomerservice7_dpscs@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.

Approved Date: _____

Denied Date: _____

Pending Date: _____ Reason Pending: _____

Comments/Restrictions:

Reviewer's Initials:

Review Date:

Application Expiration Date: