

**CRIMINAL JUSTICE INFORMATION SYSTEMS – CJIS
LIVESCAN FINGERPRINTING IMAGING SERVICE
6776 REISTERSTOWN ROAD, BALTIMORE, MD 21216
410.764.4501 – (HOURS MONDAY- FRIDAY, 8:30AM -5:00PM)**

Date: _____

Last Name: _____ First: _____ Middle: _____

Alias: _____ Birthday: _____

Sex: Male / Female Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____ Race: _____

State of Birth: _____ Country of Citizenship: _____

Social Security #: _____

Driver License/ID: _____ State: _____ Expiration Date: _____

OFFICE USE ONLY

COMPANY NAME: The Children's Home Phone: 410-744-7310 ext 133

Company Contact: Nichelle Reid

Request Code/Type: B Reasons for Finger Printing: Child Care

CCA# AUTHORIZATION#: 9000020400 ORI#: MD004455Y

Paid Amount: \$49.25 by: Paid by subject

APPLICANTS REQUIRED TO MAKE A DISCLOSURE MUST COMPLETE THE STATEMENT BELOW:

I, _____ hereby declare of affirm under Penalty and Perjury, that I have ___ or have not ___ been convicted, received probation before judgment, received a not criminally responsible disposition and that I am ___ or am not ___, the subject of pending criminal charges.

Street Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip code: _____

Home: _____ Cell: _____

Email: _____

Please sign when ID is returned: _____

Processed By: _____ Date: _____