

## DC Child Protection Register (CPR) Check Request Application

This is a "fillable" PDF form. Download it on your computer, save it with applicant name and submission date: "John-Doe-App-10-01-2021" (no periods, punctuation, special characters or spaces in the file name). Type this form. If you print it and handwrite, print clearly in block lettering. Forms are returned if incomplete, incorrect or the handwriting is not clear.

I. TI	HE REQU	JESTOF	R COM	PLETES T	HIS S	ECTION							
<b>⊙</b> NE	W REQU	<b>EST</b> (Th	e appli	cant does	not ha	ave a CPR clearar	ice on f	ile with this req	uestor) Da	ite Nee	ded		
O RE	NEWAL R	EQUES	T (The	applicant	has a	CPR clearance o	n file w	ith this request	or) Date of	Last Re	sults		
	Please	e call 20	02-727-	8885 or e	mail <u>c</u>	fsa.cpr@dc.gov	for spec	cial circumstand	ces needing e	expedit	ed results.		
Requ	est Purpo	ose: Ch	eck On	ly One (if	unsure	, contact the CPR (	office at	202-727-8885 o	r <u>cfsa.cpr@dc.</u>	gov)			
Emple	oyment	<b>⊙</b> Em	ployme	nt suitabi	lity de	etermination (em	ployee	/contractor/sul	b-contractor,	/volunt	teer/fellow/intern		
Child Welfare		OAdd	option/	Guardians	ship/F	oster Care/Kin C	ster Care/Kin Care O Hous			hold Member or Back-Up Caregiver			
		O Gra	ndpare	nt/Relativ	ve Car	egiver Program S	giver Program Subsidy O Investigat			tion, Court, Custody Determination			
Self-c	f-check Personal Use (may not be used for employment, child welfare or licensing purposes)								)				
Conta	ct Name	/Title	Maria	h Hoffm	nan								
Orgar	nization N	Name	Comr	mercial I	nves	tigations LLC							
Requ	estor Ado	dress	622 L	oudon F	Road	Albany, NY 1	2210						
Requ	estor Pho	one #	800-28	34-0906 e	xt. 208	Requestor E	mail S	staff@comme	ercialinvest	tigatio	nsllc.com		
If the	employer	has a co	ontract/	sub-contra	act wit	h a DC Gov't agen	ıcy, list t	the agency here					
								•			t. Please check the		
		-					iin 14 da	ys for new hires	or 45 days of	the requ	uest date for others.		
II. TI				LETES TH									
	Last Nan	າe (inclu	de suffix	if applicable	e)	FI	rst Nam	ne	Middle Nam	e (type "	'no middle name" if none		
Durfamed Bloom Newsland							Free il Address						
Preferred Phone Number  O Home O Work O Cell					<b>∩</b> (a)	11	Email Address						
			Number (or USCIS/Alien Registration #)  Sex (on birth certificate)				h certificate)						
Date	or birtir	(IVIIVI) DE	2/1111/	300101 30	carrey	, itamber (or osc	Joj Alich	r registration #/	O Male		Female		
	Other	Names	Used a	l nd Type o	f Nam	e (maiden name, pr	evious m	arried name. legal					
Name					Туре	<u> </u>	Name			Туре			
Name 	1 1100				Туре		Name			Туре			
House						children including a							
	Na	ame (firs	st name,	middle nam	ne, last i	name)	Da	ate of Birth	Relatio	onsnip	to Applicant		
							1						

**RESIDENCY INFORMATION.** List all addresses, and the start and end dates, to the best of your ability.

- ▶ Applicants for employment purposes working in DC must include all addresses of residence for the <u>last five (5) years</u>.
- **Back-up caregivers, adult household members, subsidy recipients** and **individuals requesting a self-check** living in DC must include all addresses of residence for the <u>last five (5) years.</u>
- Applicants for adoption, guardianship, foster care, and kinship care must provide *all District of Columbia* addresses going back to 2002, per the Improved Child Abuse Investigations Amendment Act of 2002, D.C. Law 14-206, § 4–1302.03.

To help remember your previous addresses, check the credit report bureaus (Equifax, Experian, TransUnion).

Street Address (Include Quadrant and Apt # if applicable)	City, State, Zip	Start – End Dates (MM/YYYY – MM/YYYY)
(EXAMPLE) 100 J Street NW, Apt. B	Washington, DC 20000	10/2016-present
PLICANT CONSENT & IDENTITY VERIFICATION ereby confirm that I have provided complete and accura complete or false information, I may be subject to fines. ency to provide the Requestor information about me th	I consent and authorize the D.C. Chi	ld and Family Services

**Applicant Signature** 

I will submit a color copy of the front of a government-issued, photo identification document with this application

Date

**Applicant Printed Name**