



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. THE REQUESTOR COMPLETES THIS SECTION

<input checked="" type="radio"/> NEW REQUEST (The applicant does not have a CPR clearance on file with this requestor)	Date Needed	
<input type="radio"/> RENEWAL REQUEST (The applicant has a CPR clearance on file with this requestor)	Date of Last Results	

Please call 202-727-8885 or email cfsa.cpr@dc.gov for special circumstances needing expedited results.

Request Purpose: Check Only One (if unsure, contact the CPR office at 202-727-8885 or cfsa.cpr@dc.gov)		
Employment	<input checked="" type="radio"/> Employment suitability determination (employee/contractor/sub-contractor/volunteer/fellow/intern)	
Child Welfare	<input type="radio"/> Adoption/Guardianship/Foster Care/Kin Care	<input type="radio"/> Household Member or Back-Up Caregiver
	<input type="radio"/> Grandparent/Relative Caregiver Program Subsidy	<input type="radio"/> Investigation, Court, Custody Determination
Self-check	<input type="radio"/> Personal Use (may not be used for employment, child welfare or licensing purposes)	

Contact Name/Title	Mariah Hoffman		
Organization Name	Commercial Investigations LLC		
Requestor Address	622 Loudon Road Albany, NY 12210		
Requestor Phone #	800-284-0906 ext. 208	Requestor Email	staff@commercialinvestigationllc.com
If the employer has a contract/sub-contract with a DC Gov't agency, list the agency here			

Results are sent to the requestor by encrypted email. The encrypted email link will expire 30 days after it is sent. Please check the email junk or spam folder if you have not received the results within 14 days for new hires or 45 days of the request date for others.

II. THE APPLICANT COMPLETES THIS SECTION

Last Name (include suffix if applicable)		First Name		Middle Name (type "no middle name" if none)	
Preferred Phone Number			Email Address		
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell					
Date of Birth (MM/DD/YYYY)	Social Security Number (or USCIS/Alien Registration #)		Sex (on birth certificate)		
			<input type="radio"/> Male <input type="radio"/> Female		
Other Names Used and Type of Name (maiden name, previous married name, legal name change, nicknames, alias, etc.)					
Name		Type		Name	
Name		Type		Name	
Household Members (List spouse/partner and all children including adoptive, foster, step, students away at college, and adult children)					
Name (first name, middle name, last name)		Date of Birth		Relationship to Applicant	

