



# ARCHDIOCESE OF WASHINGTON

## **CHILD PROTECTION AND SAFE ENVIRONMENT**

*Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782*

*Mailing Address: P.O. Box 29260, Washington, D.C. 20017*

*Phone: (301) 853-5328 Fax: (301) 853-7675*

*Email: [Childprotection@adw.org](mailto:Childprotection@adw.org)*

## MEMORANDUM

**To: All New Employee/Volunteer**

**From: Office of Child Protection & Safe Environment**

**Re: Fingerprint Screening (Final Step)**

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The Archdiocese of Washington utilizes a LiveScan automated Fingerprint Scanner. All fingerprint submissions will be conducted via electronic submission; in order to be employed/volunteer.

Fingerprints can be taken at any police station or any CJIS recommended fingerprinting provider. Visit the following link <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml> for Operated Fingerprinting Centers. Wherever you decide to go, please call to confirm a fingerprint technician is available and both State and FBI will be done using our ADW Authorization Number.

### **For Fast and Accurate Service**

- Bring a valid form of government identification. (Driver's license, Certification of Naturalization, Passport or Military Identification)
- Fill out and bring to fingerprinting center the [Livescan Pre-registration Application](#).
- Fee approximately \$40.00 - \$60.00 is required to submit, and process prints –Major credit cards and checks are accepted. Cash and money orders are not accepted at the State Operated Fingerprinting Centers.
- Provide fingerprint technician with the ADW authorization number: **9000016616**

If your part of the Preschool and Before/After Care Program ask to include the authorization, number for the Office of Child Care for the county. Below are the county region authorization number.

1100000016 Region 1 (Anne Arundel Co.)  
1100000020 Region 2 (Baltimore City)  
1100000031 Region 3 (Baltimore Co.)  
1100000042 Region 4 (Prince George's Co.)  
1100000053 Region 5 (Montgomery Co.)  
1100000064 Region 6 (Howard Co.)  
1100000075 Region 7 (Allegany, Garrett,  
Washington Co.)

1100000086 Region 8 (Caroline, Dorchester,  
Kent, Queen Anne's, Talbot Co.)  
1100000090 Region 9 (Somerset, Wicomico,  
Worcester Co.)  
1100000101 Region 10 (Calvert, Charles, St.  
Mary's Co.)  
1100000112 Region 11 (Cecil, Harford Co.)  
1100000123 Region 12 (Frederick Co.)  
1100000182 Region 13 (Carroll Co.)

Any question, please contact Andrea Salazar at (301) 853-5380 or via email at [salazara@adw.org](mailto:salazara@adw.org).



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** *(PLEASE TYPE OR PRINT CLEARLY)*

Name:						
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>		
Height:	ft.	inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>	
Place of Birth:			Citizenship:			
Current address:						
City:			State:		ZIP Code: -	
Daytime Phone:		Evening Phone:		Driver's License #:		

**AGENCY INFORMATION**

Agency Authorization #:	
ORI # (if required): MD004455Y	Reason fingerprinted?
Position Applied for:	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____
Address: _____
City, State, Zip code: _____