



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: Male Female *(Please check)*

Height: ft. inches

Weight: lbs.

Eye Color:

Hair Color:

Race: Black White Asian/Pacific Islander Native American Other *(Please check)*

Place of Birth:

Citizenship:

Current address:

City:

State:

ZIP Code:

Daytime Phone:

Evening Phone: -----

Driver's License #:

AGENCY INFORMATION

Agency Authorization #: 1400003404

ORI # (if required):

Reason fingerprinted?

Position Applied for:

Request Type: *(Choose one ONLY)*

- Adult Dependent Care
- Attorney/Client
- Child care
- Criminal Justice
- Gold Seal/ Adoption
- Gold Seal/Letter/VISA
- Government Employment

- Government Licensing or Certification
- Immigration/VISA
- Individual Challenge
- Individual Review
- MSP Licensing
- Private Party Petition
- Public Housing

Mail Response to:

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

Name:

Address:

City, State, Zip code: