



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 #: 9100002682 | |
| ORI # (if required): | Reason fingerprinted? |
| Position Applied for: | |
| Request Type: <i>(Choose one ONLY)</i> | |
| <input type="checkbox"/> Adult Dependent Care | <input checked="" type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client | <input type="checkbox"/> Immigration/VISA |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Individual Challenge |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Individual Review |
| <input type="checkbox"/> Gold Seal/ Adoption | <input type="checkbox"/> MSP Licensing |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition |
| <input type="checkbox"/> Government Employment | <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: _____