



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 (Please check) | |
| 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 (Please check) | | | | | |
| Place of Birth: | | | Citizenship: | | |
| Current address: | | | | | |
| City: | | | State: | | ZIP Code: - |
| Daytime Phone: | | Evening Phone: | | Driver's License #: | |

AGENCY INFORMATION

| | |
|--|--|
| Agency Authorization #: | |
| ORI # (if required): | Reason fingerprinted? |
| Position Applied for: | |
| Request Type: (Choose one ONLY) | |
| <input type="checkbox"/> Adult Dependent Care | <input 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: _____