

**\*\* HQL \*\***



**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 #: 1300004845  |   |
| ORI # (if required): MD920511Z  | Reason fingerprinted? Handgun Qualification License   |
| Position Applied for:   |   |
| Request Type: <i>(Choose one ONLY)</i><br><input type="checkbox"/> Adult Dependent Care<br><input type="checkbox"/> Attorney/Client<br><input type="checkbox"/> Child care<br><input type="checkbox"/> Criminal Justice<br><input type="checkbox"/> Gold Seal/ Adoption<br><input type="checkbox"/> Gold Seal/Letter/VISA<br><input type="checkbox"/> Government Employment | <input type="checkbox"/> Government Licensing or Certification<br><input type="checkbox"/> Immigration/VISA<br><input type="checkbox"/> Individual Challenge<br><input type="checkbox"/> Individual Review<br><input checked="" type="checkbox"/> MSP Licensing<br><input type="checkbox"/> Private Party Petition<br><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: \_\_\_\_\_