



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 #:

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:
