



STATE OF MARYLAND  
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES  
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION  
**CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)**

## LIVESCAN PRE-REGISTRATION APPLICATION

### APPLICANT INFORMATION

Please type or print legibly.

Name:							
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Height: ft. in.		Weight: lbs.		Eye Color:		Hair Color:	
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other							
Place of Birth:				Citizenship:			
Street Address:							
City:				State:		Zip Code:	
Phone Number:		Driver's License Number:			Email Address:		

### REASON FOR REQUEST

#### INDIVIDUAL

Please select one of the following:

- ☐ Gold Seal/Adoption (Enter Authorization Number if applicable) \_\_\_\_\_  
☐ Gold Seal/Letter/VISA  
☐ Immigration/VISA  
☐ Individual Challenge  
☐ Individual Review  
☐ Attorney/Client (Written Authorization Required)

#### Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

#### AGENCY

Please select from the following (\*ORI Required):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment*                 | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care*          | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing           |
| <input type="checkbox"/> Criminal Justice*    | <input type="checkbox"/> Maryland State Police Licensing*       |   |

Agency Authorization Number:
*ORI Number:
**Position Applied: