

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: _____