



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)

- Adult Dependent Care
- Attorney/Client
- Child care
- Criminal Justice
- Gold Seal/ Adoption
- Gold Seal/Letter/VISA
- Government Employment

- Government Licensing or Certification
- Immigration/VISA
- Individual Challenge
- Individual Review
- MSP Licensing
- Private Party Petition
- Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:

Address:

City, State, Zip code:
