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: _____