



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: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height: ft.	inches	Weight: lbs.	Eye Color:		Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>	
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: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

REQUIRED INFORMATION

Please answer Yes or No.

Have you ever been charged or convicted of any criminal activity ?

Do you have any pending criminal charges ?

Mail Response To:

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

Name:
Address:
City, State, and Zip Code: