



**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"/> 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:	_____