

***STATE OF MARYLAND***

***DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES***

| 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 #: 1700001041 |
| ORI # (if required):       | Reason fingerprinted? Job Application  |
| Position Applied for:       |
| Request Type: (Choose one ONLY)[x]  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:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY***