



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 <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: ☐ Black		☐ White	☐ Asian/Pacific Islander		☐ Native American
					☐ 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> ☐ 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: