



**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 #: 1800002352                       |  |  |  |
| ORI # (if required):                                     |  | Reason fingerprinted? Background check                         |  |
| Position Applied for:                                    |  |  |  |
| Request Type: <i>(Choose one ONLY)</i>                   |  |  |  |
| <input checked="" 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: |