

***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 #: 1300006433 | | | | | | |
| ORI # (if required): MD004455Y | | | | Reason fingerprinted? | | |
| Position Applied for: | | | | | | |
| Request Type: (Choose one ONLY)  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***