



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: DO NOT FILL Gender: Male Female (Please check)

Height: ft. 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 #: N/A

AGENCY INFORMATION

Agency Authorization #:

ORI # (if required): Reason fingerprinted?

Position Applied for:

Request Type: (Choose one ONLY)	
Adult Dependent Care	Government Licensing or Certification
Attorney/Client	Immigration/VISA
Child care	Individual Challenge
Criminal Justice	Individual Review
Gold Seal/ Adoption	MSP Licensing
Gold Seal/Letter/VISA	Private Party Petition
Government Employment	Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

LIVESCAN PRE-REGISTRATION APPLICATION

Name:

Address:

City, State, Zip code:

CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY