



STATE OF MARYLAND

**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

LIVESCAN PRE-REGISTRATION APPLICATION

Last:		First:		Middle:		Suffix:	
Gender: ___ Male ___ Female		Race:					
Height: Feet		Inches		Weight: lbs.		Eye Color:	
						Hair Color:	
Date of Birth (CCYYMMDD):				Place of Birth (State or Country):			
Country of Citizenship:							
Residence:	Street Number:		Street Name:			Apt. Number:	
City:			State:			Zip Code:	

AGENCY INFORMATION

Agency Authorization Number:	
ORI Number:	Reason Fingerprinted?
Position Applied For:	

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