



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

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION - PLEASE FILL IN ALL BOXES NEATLY!

LAST NAME:			FIRST:			MIDDLE:		
Date of Birth: (mm/dd/yyyy) / /			Social Security #: - -			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height: ft. inches		Weight: lbs		Hair Color:		Eye Color:		
Race: <input type="checkbox"/> Black <input type="checkbox"/> White			<input type="checkbox"/> Asian/Pacific Islander			<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> Unknown
U.S. State of Birth:				Citizenship:				
Foreign Country of Birth:								
Current Address:								
Apt:								
City:				State:			ZIP Code:	
Daytime Phone:			Evening Phone:			Driver's License # and State:		

REQUIRED INFORMATION

Please Circle **Yes** or **No** for Each Question-

Have you ever been **convicted and/or received probation** for any criminal activity? YES NO

Do you have any pending criminal charges? YES NO

AGENCY INFORMATION

Agency Authorization#: 0000084571 (must be 10 Digits)	CCA# (Childcare only, if required) N/A
ORI # (if required): MD004455Y	Reason fingerprinted? ADAM WALSH ACT
Potential Job Title(if applicable): N/A	

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