



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: (Please check ONE) <input type="checkbox"/> Black <input type="checkbox"/> White/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
State of Birth or Foreign Country:			Where is your Citizenship:		
Current Address:					
					Apt:
City:		State:		ZIP Code:	
Daytime Phone:			Driver's License #:		

REQUIRED INFORMATION

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

Have you ever been charged or convicted of any criminal activity? YES NO

Do you have any pending criminal charges? YES NO

AGENCY INFORMATION

Agency Authorization#: (must be 10 Digits)		CCA# (Childcare only, if required)	
ORI # (if required):		Reason fingerprinted? Requirement	
Potential Job Title(if applicable):			
Request Type: <i>(Choose one ONLY)</i>			
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input 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	