



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

**LIVSCAN 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 #:	
ORI # (if required):	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: \_\_\_\_\_