



**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 #:				
Email:								

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#: 9400082484 (must be 10 Digits)		CCA# (Childcare only)	
ORI# MDMS6000		Reason fingerprinted? (Required) MD Public Safety Article, Section 5-305	
Potential Job Title (if applicable):			
Request Type: (Choose one ONLY)			
<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 checked="" type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing	