



**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#: (must be 10 Digits)		CCA# (Childcare only)	
ORI#		Reason fingerprinted? (Required)	
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 type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing	