



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:			
Date of Birth:		Social Security Number:	
Height: ft. in.		Weight: lbs.	Eye Color:
Hair Color:			
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Place of Birth:		Citizenship:	
Street Address:			
City:		State:	Zip Code:
Phone Number:	Driver's License Number:	Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Child Care* <input type="checkbox"/> Criminal Justice*	<input type="checkbox"/> Government Employment* <input type="checkbox"/> Government Licensing or Certification* <input type="checkbox"/> Maryland State Police Licensing*	<input type="checkbox"/> Private Party Petition** <input type="checkbox"/> Public Housing
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Agency Authorization Number:

*ORI Number:

**Position Applied: