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:	Gender: ☐ Male ☐ Female

Height: ft. in.	Weight: lbs.	Eye Color:	Hair Color:

Race/Ethnicity: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ 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):

☐ Adult Dependent Care	☐ Government Employment*	☐ Private Party Petition**
☒ Child Care*	☐ Government Licensing or Certification*	☐ Public Housing
☐ Criminal Justice*	☐ Maryland State Police Licensing*	

Agency Authorization Number:
1100000042

*ORI Number:
MD004455Y

**Position Applied: