

# LIVESCAN APPLICANT REGISTRATION FORM



**NAME:** \_\_\_\_\_

*(First, Middle, Name)*

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**CITIZENSHIP:** \_\_\_\_\_

**RACE:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_

**EYE COLOR:** \_\_\_\_\_

**HAIR COLOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

*(Street, City, State, Zip Code)*

**DRIVERS LICENSE:** *(State / Number)* \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**POSITION APPLIED:** \_\_\_\_\_

**AGENCY ORI NUMBER:** \_\_\_\_\_

**AGENCY AUTHORIZATION NUMBER:** \_\_\_\_\_

**BACKGROUND TYPE:** *(State, FBI, Both)* \_\_\_\_\_

*\*You are responsible for providing the appropriate Agency Authorization Number, supplied by the agency and/or company requesting the background check.*

*\*You are responsible for providing the correct Agency ORI Number, which designates what type of check is being performed.*

**NTEGRITY SUPPORT SHALL NOT PROVIDE THE ORI NUMBERS OR AGENCY AUTHORIZATION NUMBERS**

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_