



## LIVESCAN PRE-REGISTRATION APPLICATION

### APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> Government Employment*                 | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care*          | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing           |
| <input type="checkbox"/> Criminal Justice*    | <input type="checkbox"/> Maryland State Police Licensing*       |   |

Agency Authorization Number:		
*ORI Number:		
**Position Applied:		