



# Mid-Atlantic Regional Investigations

MARI Live Scan Fingerprinting Services

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## LIVE SCAN REGISTRATION FORM

*(Please Type or Print in ALL CAPS)*

TODAY'S DATE :	<input type="text"/>	SOCIAL SEC. #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
PLACE OF BIRTH (Within U.S. State Only)	<input type="text"/> <i>(If outside of U.S. list Country)</i>	CITIZEN of What Country	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	TELEPHONE #	<input type="text"/>
RACE (Check Only One)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Unknown		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	<input type="text"/>
EYE COLOR	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> multi-color		
HAIR COLOR	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Gray <input type="checkbox"/> Red / Auburn <input type="checkbox"/> White		
EMAIL ADDR	<input type="text"/>		
CURRENT ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>
REQUEST BY :	MAYO NURSERY SCHOOL		
REQUEST TYPE:	NURSERY SCHOOL	<input checked="" type="checkbox"/> State & FBI	<input type="checkbox"/> State Only <input type="checkbox"/> FBI Only
POSITION APPLIED	N/A		
AUTHORIZATION #	9400038093/1100000016	ORI:	MD004455Y
Have you ever been convicted of a criminal offense ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you currently have any criminal charges pending ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Thanks for allowing us to serve you.