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:
1100000123 / 0500115571

*ORI Number:
MD920523Z

**Position Applied:
Child Care Worker