



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 checked="" 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* | |

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|--|
| Agency Authorization Number: 1700004106 |
| *ORI Number: |
| **Position Applied: |