FEBA FINGERPRINTING

Maryland State CJIS LIVESCAN APPLICATION

I. APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:		**Gender:** ☐ **Male** ☐ **Female** *(Please check)*	
Height: ft. inches	**Weight:** lbs.	**Eye Color:**	**Hair Color:**
Race: ☐ **Black** ☐ **White** ☐ **Asian/Pacific Islander** ☐ **Native American** ☐ **Other** *(Please check)*			
State or Country of Birth:		**Citizenship Country:**	
Current address:			
City:		**State:**	**ZIP Code:** -
Daytime Phone:		**Email Address:**	

II. AGENCY INFORMATION

Agency Authorization #:	**Employer Name:**
ORI # (if required):	**Employer Phone Number:**

Request Type: *(Choose one ONLY)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☐ FD- 258 Card(s)
- ☐ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ Private Party Petition
- ☐ Public Housing
- ☐ MSP Licensing – ☐ New or ☐ Renewal
  - ☐ HQL ☐ Special Police
  - ☐ Handgun Permit ☐ Security Guard

☐ **Correct Service Request:_____ (Initials)**

☐ Notary (Per Stamp)- $8.00

☐ Passport Photos (2)- $15.00

III. Mail Response to:

(Mailing option **ONLY** available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

All information in Section I. MUST be filled out completely.