



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: _____ Driver's License #: _____ Email Address: _____

II. AGENCY INFORMATION

Agency Authorization #: _____

ORI # (if required): _____ Position Applied for (if required): _____

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, Conceal and carry, Special Police, Security Guard

☐ Notary (Per Stamp)- \$5.00

☐ Passport Photos (2)- \$10.00

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.