



FEBA Fingerprinting

Maryland State CJIS LIVESCAN APPLICATION

I. APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:			
Date of birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check)</i>			
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):
Employer Name:	Employer Number:

Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment <input type="checkbox"/> FD- 258 Card(s)	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing <input type="checkbox"/> MSP Licensing – New or Renewal HQL, Conceal and carry, Special Police, Security Guard
--	---

<input type="checkbox"/> Notary (Per Stamp)- \$8.00	<input type="checkbox"/> Passport Photos (2)- \$15.00
---	---

III. Mail Response to: (Mailing option **ONLY** available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____

CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

All information in Section I MUST be filled out completely.