



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:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                |             |  |
| Height:<br>ft. in.   |  | Weight:<br>lbs.          |  | Eye Color:   |                | Hair Color: |  |
| Race/Ethnicity:<br><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)

N / A

#### Mailing Information:

|                 |  |        |           |
|-----------------|--|--------|-----------|
| Name:           |  |        |           |
| Street Address: |  |        |           |
| City:           |  | State: | Zip Code: |

#### AGENCY

Please select from the following (\*ORI Required):

- |   |   |   |
|---|---|---|
| <input 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*       |   |

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