



STATE OF MARYLAND

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

LIVSCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name: _____

Date of birth: _____ SSN: _____ 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)

Place of Birth: _____ Citizenship: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____ -

Daytime Phone: _____ Evening Phone: _____ Driver's License #: _____

AGENCY INFORMATION

Agency Authorization #: _____

ORI # (if required): _____ Reason fingerprinted? _____

Position Applied for: _____

Request Type: (Choose one ONLY)

<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

Mail Response to:

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

Name: _____

Address: _____

City, State, Zip code: _____