



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

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

|   |                 |                     |   |
|---|-----------------|---------------------|---|
| Name:   |                 |                     |   |
| Date of birth:  |                 | SSN:                | 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> | Place of Birth: |                     |   |
| Current address:  |                 | Citizenship:        |   |
| City:   |                 | State:              | ZIP Code: -   |
| Daytime Phone:  | Evening Phone:  | Driver's License #: |   |

**AGENCY INFORMATION**

|  |  |
|--|--|
| Agency Authorization #: 9000016616             |  |
| ORI # (if required): MD004455Y                 | Reason fingerprinted? Child care                               |
| Position Applied for:                          |  |
| Request Type: <i>(Choose one ONLY)</i>         |  |
| <input type="checkbox"/> Adult Dependent Care  | <input type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client       | <input type="checkbox"/> Immigration/VISA                      |
| <input checked="" 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: Archdiocese of Washington

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_