



**STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**

LIVESCAN 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 #: 1100000053, 9100000781	
ORI # (if required): 004455Y	Reason fingerprinted?
Position Applied for: Child Care Volunteer/Co-oper	
Request Type: (Choose one ONLY) Adult Dependent Care Attorney/Client <u>✓</u> Child care Criminal Justice Gold Seal/ Adoption Gold Seal/Letter/VISA Government Employment	Government Licensing or Certification Immigration/VISA Individual Challenge Individual Review MSP Licensing Private Party Petition Public Housing

Mail Response to:

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

Name:
Address:
City, State, Zip code: