

## 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: Male	e Female (Please check)
Height: ft. inches Weight:	lbs.	Eye Color:	Hair Color:
Race: Black White	Asian/Pacific Islan	der 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 #: 1500000946			
ORI # (if required):		Reason fingerprinted?	
Position Applied for:			
Request Type: (Choose one ONLY)  Adult Dependent Care  Attorney/Client  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: Abimbola Adekunle			
Address: Pinnacle Assisted Living 3410 Ladova way			
City, State, Zip code: Springdale, MD 20774			