STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
INFORMATION TECHNOLOGY AND COMMUNICATIONS DIVISION
CRIMINAL JUSTICE INFORMATION SYSTEM - CENTRAL REPOSITORY (CJIS-CR)

SPECIAL RESPONSE CORPORATION
LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION
Please type or print legibly.

Name: Social Security Number:

Date of Birth: Driver's License Number: Gender: ☐ Male ☐ Female

Height: ft. in. Weight: lbs. Eye Color: Hair Color:

Race/Ethnicity: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other

State of Birth: Citizenship:

Street Address:

City: State: Zip Code:

CELL PHONE # ONLY (Mandatory)-CJIS WILL TEXT RESULTS : 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)*

Name, Address and/or Cell Phone # ONLY if different from above

Recipient Name and Agency Name: **Cell Phone # ONLY (Mandatory)-CJIS WILL TEXT RESULTS**

Street Address:

City: State: Zip Code:

AGENCY

Please select from the following (*ORI Required):

☐ Adult Dependent Care
☐ Child Care*
☐ Criminal Justice*
☐ Government Employment*
☐ Government Licensing or Certification*
☐ Maryland State Police Licensing*
☐ Private Party/Employer Petition**
☐ Public Housing

Agency Authorization Number:

*ORI Number:

**Position Applied/Reason for Fingerprinting: