



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

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name: _____

Date of Birth: _____ Social Security Number: _____ Gender: ☐ Male ☐ Female

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

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

Place of Birth: _____ Citizenship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Driver's License Number: _____ 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)

Mailing Information:

Name: **HAGERSTOWN COMMUNITY COLLEGE**

Street Address: **11400 ROBINWOOD DRIVE**

City: **HAGERSTOWN**

State: **MD**

Zip Code: **21742**

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input checked="" type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:

9000029065

*ORI Number:

MD004455Y

**Position Applied:

Applicant