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)*

N/A

Mailing Information: ARCHDIOCESE OF WASHINGTON

Name:
COURTNEY CHASE / Office of Child Protection and Safe Environment

Street Address:
5001 EASTERN AVENUE

City: HYATTSVILLE | State: MD | Zip Code: 20782

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 Petition**
☐ Public Housing

Agency Authorization Number:
9000016616 - OCC 11000000053 (PLEASE USE BOTH AUTH NO)

*ORI Number:
MD920523Z

**Position Applied: