

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)

Personal Information

Last Name	First Name	Middle Initial
SSN	Country of Citizenship	
Date of Birth	Place of Birth	
Gender	Hair Color	
Race	Height	
Eye Color	Weight	
Street Address		
City Name	State	Zip Code
Daytime Number	Evening Number	

Additional Information

I ☐ HAVE ☐ HAVE NOT been convicted, received a probation before judgment, received a not criminally responsible disposition.

I ☐ AM ☐ AM NOT the subject of pending criminal charges. I further declare or affirm that I am the applicant show signature appears below.

Signature	Date
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Driver's License Information

State	Number
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Position Applied For

For Office Use Only
 Food Services
 Human Resources
 Operations
 Transportation