

## FINGERPRINTING UPDATE

All fingerprinting **MUST** be scanned at a facility equipped to do so. A full list can be found here ([www.dpscs.state.md.us/publicservs/fingerprint.shtml](http://www.dpscs.state.md.us/publicservs/fingerprint.shtml)).

There is a pre-registration application form that you must take with you (below) that has MSJ's authorization code to insure that MSJ receives the results from FBI & State. Applicants will have to pay the whole fee of \$54.50 (this includes the fingerprinting fee of \$20.00), or **MORE**, and will need to turn in a receipt to be reimbursed by MSJ.

The MSJ Business Office will need to be contacted and made aware that you have been scanned in case the clearance doesn't get sent here.



**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  Female (Please check)

Height: ft. \_\_\_\_\_ inches \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race:  Black  White  Asian/Pacific Islander  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 #: 9000034886

ORI # (if required): \_\_\_\_\_ Reason fingerprinted? Child Care

Position Applied for:

Request Type: (Choose one ONLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Dependent Care  | <input type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client       | <input type="checkbox"/> Immigration/VISA                      |
| <input checked="" type="checkbox"/> Child care | <input type="checkbox"/> Individual Challenge                  |
| <input type="checkbox"/> Criminal Justice      | <input type="checkbox"/> Individual Review                     |
| <input type="checkbox"/> Gold Seal/ Adoption   | <input type="checkbox"/> MSP Licensing                         |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition                |
| <input type="checkbox"/> Government Employment | <input type="checkbox"/> Public Housing                        |

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_