



2300 York Road, Suite 206  
 Timonium, MD 21093  
 410-417-7103  
 service@fingerprintsdirect.com

## Fingerprints Direct - Livescan Pre-Registration Application

Please type or print legibly.

Last Name			First Name			Middle Name		
Date of Birth:			Social Security Number:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height: ft.      in.		Weight: lbs.		Eye Color:		Hair Color:		
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other _____								
Place of Birth: (US State or Foreign Country)				Country of Citizenship:				
Current Street Address:								
City:						State:	Zip Code:	
Phone Number:			Driver's License Number & State:			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) \_\_\_\_\_

#### Maryland State Police Licensing Information\*:

- |   |           |           |
|---|-----------|-----------|
| Security Guard                            | __initial | __renewal |
| Security Guard Agency                     | __initial | __renewal |
| Private Detective                         | __initial | __renewal |
| Private Detective Agency                  | __initial | __renewal |
| MD HQL (license to purchase a firearm)    | _____     |           |
| MD Wear & Carry (handgun permit to carry) | _____     |           |
| Alarm Systems Technician                  | _____     |           |
| Other:                                    | _____     |           |

\*Each license/permit application requires a separate fingerprint submission. If the selection is incorrect, this will incur an additional fee for resubmission.

Results are good for 30 days: Applicant Initials: \_\_\_\_\_

#### AGENCY INFORMATION

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 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 (must be 10 digits):

CCA# (Childcare only if required)

\*ORI Number:

\*\*Position Applied:

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ By signing, I confirm that I have reviewed the entire form above and understand that additional fees may be incurred if a resubmission is requested or required.