



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 #'s: ① 9000030185 (JBMS) & ② 1100000064 (MSDE-HoCo)

ORI # (if required): 004455Y Reason fingerprinted? Employment

Position Applied for: Teacher

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: The Julia Brown Montessori Schools/Attn: PASTA/KOMESAROOK

Address: 9760 Owen Brown Road

City, State, Zip code: Columbia, MD 21045
