



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 1100000053 (MSDE-MoCo)

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