

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 Islan	der 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 #: 1400000744	
ORI # (if required):	Reason fingerprinted?
Position Applied for: CNA	
Request Type: (Choose one ONLY) Adult Dependent Care Attorney/Client Child care Criminal Justice Gold Seal/ Adoption Gold Seal/Letter/VISA Government Employment	 Government Licensing or Certification Immigration/VISA Individual Challenge Individual Review MSP Licensing Private Party Petition Public Housing
Mail Response to: (Mailing option only available for Visa Gold Seal and/or Individual Review)	
Name: A WATCHFUL EYE HOMECARE AGENCY, LLC. Address: 2343 York Road City, State, Zip code: Timonium, MD 21093	