



**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: \_\_\_\_\_

## AGENCY INFORMATION

Agency Authorization #: 1600003694

ORI # (if required): MD920530Z | Reason fingerprinted?

### Position Applied for:

Request Type: *(Choose one ONLY)*

<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input 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: Maryland Board of Occupational Therapy Practice, Attn: Lauren Murray

Address: Spring Grove Hospital Campus, 55 Wade Avenue, Tuerk Bldg., 2nd Floor

City, State, Zip code: Baltimore, MD 21228