



**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)**

Last Name:		First Name:		Middle Name:	
Date of birth (mm/dd/yyyy):		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check one)</i>	
Height: ft. inches	Weight: lbs.	Eye Color:		Hair Color:	
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <i>(Please check one)</i>					
State of Birth or Foreign Country:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: <b>9000017585</b>	
ORI # (if required):	Reason fingerprinted? <b>Baltimore County Taxicab Driver</b>
Position Applied for: <b>Baltimore County Taxicab Driver</b>	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: **Baltimore County - Department of Permits, Approvals and Inspections**

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Address: **111 West Chesapeake Avenue Room 114**

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City, State, Zip code: **Towson, MD 21204**

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