

Livescan Pre-Registration Application

Please print or type legibly and bring to your Livescan appointment



FINGERPRINTING - LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: _____ ft. _____ in.	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: _____					
Place of Birth (U.S. state or Country):			Country of Citizenship:		
Current address:				Apt.	
City:		State:		ZIP Code:	
Phone:		Driver's License # / State:			
Occupation:		Email Address:			

AGENCY INFORMATION

Agency Authorization #:	
ORI # (if required):	Reason fingerprinted?
Position Applied for:	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Child care	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Gold Seal/Adoption	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Private Party Petition

(THIS SECTION FOR CHILDCARE REQUESTS ONLY)

I HEARBY DECLARE OR AFFIRM UNDER PENALTY OF PERJURY THAT I **HAVE** (OR) **HAVE NOT BEEN CONVICTED**, RECEIVED PROBATION BEFORE JUDGEMENT, RECEIVED A NOT CRIMINALLY RESPONSIBLE DISPOSITION, & THAT I **AM** (OR) **AM NOT** THE SUBJECT OF PENDING CRIMINAL CHARGES.

Mailing Information

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____