

American Fingerprinting Services
LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (Please type or print clearly)

Last name:

Name:

Date of birth:/...../..... SSN: Gender: Male - Female

Height:ft.inches Weight:lbs.

Eye color: Hair color:

Race: Black - White - Asian/Pacific Island - Native American - Other

Place of Birth:..... Citizenship:.....

Current Address:.....

City:..... State: Zip code:.....

Day Phone:..... Evening Phone:

Driver's License #:

AGENCY INFORMATION (Please type or print clearly)

Agency Authorization #:

ORI # (if required):..... Reason fingerprinted?.....

Position Applied for:.....

Request Type (Choose one only)

- | | | |
|-----------------------|---------------------------------------|-----------------------|
| Adult Dependent | Care Attorney/Client | Child Care |
| Criminal Justice | Gold Seal /Adoption | Gold Seal/Letter/Visa |
| Immigration/Visa | Individual Challenge | Individual Review |
| MSP Licensing | Private Party Petition | Public Housing |
| Government Employment | Government Licensing or Certification | |

MAIL RESPONSE TO (only available for Visa Gold Seal and or Individual Review)

Name:

Address :

City:..... State: Zip code:.....

3 Bethesda Metro Center
Bethesda, MD, 20814

Phone (301) 961-1998
Fax 1-877-856-9735