

**Ageless 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:.....

**6475 New Hampshire  
Ave. Suite 604.  
Hyattsville. MD 20783**

**Phone (240) 961-1998**