



1A Fingerprinting

(A subsidiary of 3rd Eye Surveillance & Security)

4367 Hollins Ferry Road, Ste 3A, Halethorpe, MD 21227

(443) 297-0351

STATE OF MARYLAND - CJIS APPROVED LIVESCAN FACILITY

1A FINGERPRINTING - LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

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:					
City:		State:		ZIP Code:	
Phone:		Driver's License # / State:			
Occupation:		Email Address:		Would you like to be added to our mailing list? *YES <input type="checkbox"/> *NO <input type="checkbox"/>	

AGENCY INFORMATION

Agency Authorization #:	
ORI # (if required):	Reason fingerprinted?
Position Applied for:	
Request Type: <small>(Choose one ONLY)</small>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Child care <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 Review <input type="checkbox"/> MSP Licensing <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.

(DO NOT SIGN BELOW UNTIL INSTRUCTED BY THE TECHNICIAN)

I HAVE REVIEWED ALL OF THE DESCRIPTIVE DATA ENTERED INTO THE COMPUTER BY THE FINGERPRINT TECHNICIAN AND AGREE IT IS ACCURATE. I AM AWARE THAT NO CHANGES CAN BE MADE ONCE THE RECORD IS SUBMITTED TO CJIS. ANY REQUESTS FOR RE-SUBMISSION DUE TO INACCURATE INFORMATION WILL RESULT IN ADDITIONAL CHARGES.

APPLICANT'S SIGNATURE: _____