

## 1A Fingerprinting (A subsidiary of 3rd Eye Surveillance & Security)

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4367 Hollins Ferry Road, Ste 3A, Halethorpe, MD 21227
(443) 297-0351

## STATE OF MARYLAND - CJIS APPROVED LIVESCAN FACILIT

1A FINGERPRINTING - LIVESCAN PRE-REGISTRATION APPLICATION							
APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)							
Last Name:			First Name:			Middle Name:	
Date of Birth: SSN:				Gender:		☐ Male ☐ Female	
Height: ft in. Weigh	t:	Ibs. Eye Color:				Hair Color:	
Race:   Black   White   Asian/Pacific Islander   Native American   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 □ *NO □	
AGENCY INFORMATION							
Agency Authorization #:							
ORI # (if required):			Reasor	Reason fingerprinted?			
Position Applied for:							
Request Type: (Choose one ONLY)  Adult Dependent Care Child care Gold Seal/Adoption Gold Seal/Letter/VISA Government Employment			Government Licensing or Certification Immigration/VISA Individual Review MSP Licensing 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-SUBMITTION DUE TO INACCURATE INFORMATION WILL RESULT IN ADDITIONAL CHARGES.							
APPLICANT'S SIGNATURE:							