

## LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION Please type or print legibly.							
Name:							
Date of Birth:	y Number:		Gende	Gender: Male Female			
Height: V ft. in.	/eight:	lbs.	Eye Color:		Hair C	Hair Color:	
Race/Ethnicity:	hite 🗌 As	ian/Pacific Islan	der 🗌 Native /	American 🔲 C	Other		
Place of Birth:	Citizenship:						
Street Address:							
City:			State:	Zip Code:			
Phone Number:	none Number: Driver's License Number:				Email Address:		
REASON FOR REQUEST							
INDIVIDUAL							
<ul> <li>Individual Challenge</li> <li>Individual Review</li> <li>Attorney/Client (Written Authorization Required)</li> </ul>							
Mailing Information: Name:							
Street Address:							
City:					State:	Zip Code:	
AGENCY Please select from the following (*ORI Required):							
<ul> <li>Adult Dependent Care</li> <li>Child Care*</li> <li>Criminal Justice*</li> </ul>	nployment* [ censing or Certification* [ Police Licensing*			Private Party Petition** Public Housing			
Agency Authorization Number:							
*ORI Number:							
**Position Applied:							