LIVESCAN PRE-REGISTRATION APPLICATION

Last Name: _____ **First Name:** _____

Middle Name: _____

Date of Birth: _____ **Gender:** ____

Hair Color: _____ **Eye Color:** _____

Height: _____ **Weight:** _____ **Race:** _____ **State of Birth:** _____

Citizenship: _____ **SS#:** _____

Reason Fingerprinted: _____

Agency Authorization #: _____

Payment Type: **D - Money Order** **K - Cash** **E - Credit or Debit Card**

Drivers License State: _____ **Drivers License #:** _____

Address: _____ _____ _____
Number *Street Name* *Apt. #*

City: _____ **State:** _____ **ZIP:** _____

Home Phone #: (____) _____ - _____ **Cell Phone #:** (____) _____ - _____

ORI#: _____ **CRI#:** _____

Fingerprint Technician: _____

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