

The Archdiocese of Washington utilizes a LiveScan automated Fingerprint Scanner. All fingerprint submissions will be conduct via electronic submission; in order to be employed/volunteer.

Fingerprints can be taken at any police station or any CJIS recommended fingerprinting provider. Visit the following link <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>for Operated Fingerprinting Centers. Wherever you decide to go, please call to confirm a fingerprint technician is available and both State and FBI will be done using our ADW Authorization Number.

# For Fast and Accurate Service

* **Bring a valid form of government identification. (Driver’s license, Certification of Naturalization, Passport or Military Identification)**
* Fill out and bring to fingerprinting center the [Livescan Pre-registration Application.](https://www.dpscs.state.md.us/publicservs/docs/LiveScanPre-RegistrationApp.doc)
* Fee approximately $40.00 - $60.00 is required to submit, and process prints –Major credit cards and checks are accepted. Cash and money orders are not accepted at the State Operated Fingerprinting Centers.
* Provide fingerprint technician with the ADW authorization number: **9000016616.** If your part of the Preschool and Before/After Care Program ask to include the authorization, number for the Office of Child Care for the county. Below are the county region authorization number.
* You are eligible for 3 mandatory Service Hours upon completion. Please enter all Volunteer Support Hours onto the website.

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| Any question, please contact Andrea Salazar at (301) 853-5380 or via email at salazara@adw.org.  |  |

 

# *STATE OF MARYLAND*

***DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES***

***CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY***

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| **LIVESCAN PRE-REGISTRATION APPLICATION**  |
|  **APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**  |
| Name:  |
| Date of birth:  | SSN:  | Gender: Male Female (Please check)  |
| Height: ft. inches  |  Weight: lbs.  | Eye Color:  | Hair Color:  |
| Race: Black White )Asian/Pacific Islander Native American Other (Please check)   |
| Place of Birth:  | Citizenship:  |
| Current address:  |
| City:  | State:  | ZIP Code: -  |
| Daytime Phone:  | Evening Phone:  | Driver’s License #:  |
| **AGENCY INFORMATION**  |
| Agency Authorization #: 9000016616 Preschool and Before/After Care Program Staff #1100000053 |
| ORI # (if required): MD004455Y  | Reason fingerprinted  |
| Position Applied for: Volunteer  |
| Request Type: (Choose one ONLY) Adult Dependent Care  Attorney/Client  Child care  Criminal Justice  Gold Seal/ Adoption  Gold Seal/Letter/VISA  Government Employment   |   Government Licensing or Certification  Immigration/VISA  Individual Challenge  Individual Review  MSP Licensing  Private Party Petition  Public Housing   |
| **Mail Response to:** (Mailing option only available for Visa Gold Seal and/or Individual Review)  |
|   Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |