

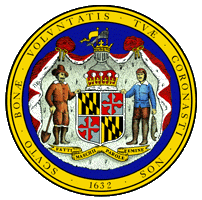
The Archdiocese of Washington utilizes a LiveScan automated Fingerprint Scanner. All fingerprint submissions will be conduct via electronic submission; in order to be employed/volunteer.

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:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |