



American Identity Solutions

LIVESCAN PRE-REGISTRATION APPLICATION

Rockville Office

Last Name	First Name	Middle Name

Social Security Num.	Date of Birth	Sex

Race	Height	Weight	Eye Color	Hair Color

Place of Birth, State Or Country	Country of Citizenship

Street Address

Evening Phone Number Or Cell	Drivers License State And Num.

Originating Agency Identifier	CHRI Request Type

Reason Fingerprinted	Authorization Number
Childcare	

Have you ever been convicted of a crime?	Do you have any pending criminal charges?
Yes or No	Yes or No