



ABSOLUTE INVESTIGATIVE SERVICES, INC.

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LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION - PLEASE FILL IN ALL BOXES NEATLY!

LAST NAME:			FIRST:			MIDDLE:		
Date of Birth: (mm/dd/yyyy) / /			Social Security #: - -			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height: ft. inches		Weight: lbs		Hair Color:		Eye Color:		
Race: (Please check ONE) <input type="checkbox"/> Black <input type="checkbox"/> White/Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other								
State of Birth or Foreign Country:					Where is your Citizenship:			
Current Address: _____ Apt: _____								
City:				State:		ZIP Code:		
Daytime Phone:				Driver's License #:				

REQUIRED INFORMATION

Please Circle **Yes** or **No** for Each Question-

Have you ever been charged or convicted of any criminal activity?	YES	NO
Do you have any pending criminal charges?	YES	NO

AGENCY INFORMATION

Agency Authorization#: _____ (must be 10 Digits)		CCA# (Childcare only, if required)	
ORI # (if required): _____		Reason fingerprinted? Requirement	
Potential Job Title(if applicable): _____			
Request Type: <i>(Choose one ONLY)</i>			
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment		<input type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing	

HQL=License to purchase a handgun ____ (initial)

Carry Permit=License to Carry a firearm ____ (initial)