

ABSOLUTE INVESTIGATIVE SERVICES, INC.

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WWW.ABSOLUTEISI.COM

LIVESCAN PRE-REGISTRATION APPLICATION						
APPLICANT INFORMATION - PLEASE FILL IN ALL BOXES NEATLY!						
LAST NAME:	FIRST:			MIDDLE:		
Date of Birth: (mm/dd/yyyy) / /	Social Securit	y #:	ı		Gender: Male Female	
Height: ft. inches	Weight:	lbs	Hair Colo	Eye Color:		
Race: (Please check ONE) Black	☐ White/Hispanic		Asian/Pacific Islander			
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: (Choose one ONLY) Adult Dependent Care Attorney/Client Child care Criminal Justice Gold Seal/ Adoption Gold Seal/Letter/VISA Government Employment				Government Licens Immigration/VISA Individual Challeng Individual Review MSP Licensing Private Party Petitic Public Housing	e	
☐ HQL=License to purchase a handgun(initial) ☐ Carry Permit=License to Carry a firearm(initial)						