



- e) **Private Detective/Security Guard/Special Police & Railroad Police Commissions:** All applicants who are employed as Private Detectives, Security Guards, Special Police, and Railroad Police, must submit a certification of qualification with a handgun from a Maryland State Police Certified Handgun Instructor on an MSP form. A copy of the form letter supporting "good and substantial reasons," ownership of weapon, and location where the weapon will be maintained, is also required. (This form can be obtained from your employer).
- f) **Personal Protection:** There must be documented evidence of recent threats, robberies, and/or assaults, supported by official police reports or notarized statements from witnesses.

**2) APPLICATION FOR AN ORIGINAL LICENSE:** Includes Private Detectives license, Security Guard Agency license, Security Systems Agency license, Agency Firm Member, and Corporate Officer.

**A: Instructions for Private Detectives/Security Guard Agency License and Corporate Officer(s):**

**Note:** If you employ Five (5) or more people, (not including corporate officers), a copy of the General Liability Insurance Policy of \$1,000,000 (one million dollars) is required to be attached to this application.

- Completed application having pages 7 and 13 notarized.
- Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background. Computer generated photographs are acceptable.
- A copy of the Articles of Incorporation and minutes of last meeting appointing officers of the corporation.
- A copy of the receipt from the Maryland Department of Assessment and Taxation certifying that the corporation has registered as a foreign corporation to do business in Maryland. (For info, call 410-767-1908)
- One (1) set of fingerprint cards for the licensee using one orange and white CJIS-011 fingerprint card and one blue and white FBI Applicant fingerprint card bearing ORI-MDMSP6000. Additional fingerprint cards will be supplied to foreign corporate officers.
- Foreign firms or corporations must submit a Consent to Service form and the Board Resolution naming the proper officer to execute it. *Not included in application packet, call for information.*
- Fees Required:
  - New Agency Private Investigator not incorporated \$242
  - New Agency Security Guard not incorporated \$242
  - New Agency Private Investigator incorporated \$417
  - New Agency Security Guard incorporated \$417
  - New Security Guard and Private Detective agencies not incorporated \$417 (when submitted together)
  - New Security Guard and Private Detective agencies incorporated \$792 (when submitted together)
  - Corporate officers fee \$42 (Corporate officers need not apply until the company has been approved)

**B: Instructions for Security Systems Agency license and agency Firm Member(s):**

**The submission of this notarized application MUST include ANY and ALL arrests, charges, convictions, criminal summons which occurred in ANY state within the United State of America. Failure to include ALL requested information regardless of the class (misdemeanor/felony) may be held as grounds for disapproval and/or prohibition of requested license.**

Maryland Companies – original:

- Completed application having pages 7 and 13 notarized.
- Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background. Computer photographs are acceptable.
- A copy of the Articles of Incorporation if applicable.
- One (1) set of fingerprint cards for the licensee and each corporate officer, using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI-MDMSP6000
- General Liability Insurance Policy for at least \$50,000
- Copies of certifications of any specialized training related to Security Systems sales, service, and installation
- Fees Required: Individual Licensee - \$150                      Agency Firm Members - \$42 (Includes background check)  
(Corporate officers need not apply until the company has been approved)

**Instructions for Security Systems Agency license and agency Firm Member(s) Continued:**

Out-of-State Companies – original: (the below applies to those states who have reciprocity)

- Completed application having pages 7 and 13 notarized.
- A copy of the License and Identification Card issued by the reciprocal state.
- Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background. Computer generated photographs are acceptable.
- One (1) blue and white FBI applicant fingerprint card bearing ORI-MDMSP6000
- General Liability Insurance Policy for at least \$50,000.
- Copies of certifications of any specialized training related to Security Systems sales, service, and installation
- Fees Required: Individual licensee \$150. (Includes background check)

(Corporate officers need not apply until the company has been approved)

**3) APPLICATION FOR INDIVIDUAL REGISTRATION, CERTIFICATION, AND COMMISSIONS:** Includes Private Detective Registration, Security System Registration, Security Guard Certification, Special Police Commission, and Railroad Police Commission.

**A: Instructions for Private Detective Registration, Security Guard Certification, and Security Systems Registration** (Monitor, Salesperson, Technician and persons having access to circumventing information):

- PRIVATE DETECTIVE REGISTRANTS – Completed application having pages 7 and 13 notarized.
  - SECURITY GUARD CERTIFICATIONS – Completed application having pages 7 and 13 notarized.
  - SECURITY SYSTEMS REGISTRANTS – Completed application having pages 7 and 13 notarized and
- Include copies of certifications of any specialized training related to Security Systems sales, service, and installation.
- Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background.
- Computer generated photographs are acceptable.
- One (1) set of fingerprint cards – using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI – MDMSP6000.
- Fees Required: Private Detective Registrant - \$57 (\$15 fee plus \$42 background check fee)
  - Security Guard Certification - \$57 (\$15 fee plus \$42 background check fee)
  - Security System Registration - \$57 (\$15 fee plus \$42 background check fee)

**B: Instructions for Out of State Registration for Security Systems** as a Monitor, Salesperson, Technician, and persons having access to circumventational information: (Must be reciprocal with Maryland with background check every 2 years).

- Completed application having pages 7 and 13 notarized.
  - Attach a copy of the License / Registration issued by the reciprocal state.
  - Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background.
- Computer generated photographs are acceptable.
- One (1) set of fingerprint cards using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI – MDMSP6000
- Fees Required: Out of State Registration - \$57.00 (includes background check).

**C: Instructions for Special Police and Railroad Police Commissions:**

- Completed application having pages 7 and 13 notarized.
  - Signature of the Approved Authorized Representatives on application, include previous SPC#. (Printed name as well as signature).
  - Two (2) 1½" x 1½" head shoulder passport type photographs with a white background.
- Computer generated photographs are acceptable.
- One (1) set of fingerprint cards using one orange and white CJIS-011 fingerprint card and one blue and white FBI applicant fingerprint card bearing ORI – MDMSP6000.
- Fees Required for Special Police Commission: \$142 (\$100 fee + \$42 background check fee)
  - Fees Required for Railroad Police Commission: \$202 (\$160 fee + \$42 background check fee)
- Agencies of the State of Maryland – EXEMPT FROM THE APPLICATION FEE, HOWEVER, REQUIRED TO SUBMIT \$42 FEE FOR STATE AND NATIONAL RECORD CHECKS.

**4) APPLICATION FOR BULLETPROOF BODY ARMOR:**

Maryland law mandates that all persons with a prior CONVICTION for a crime of violence or a drug trafficking crime are prohibited from using, possessing, or purchasing bulletproof body armor without a permit issued by the Secretary of the Maryland State Police.

NOTE: A permit to use, possess, or purchase bulletproof body armor is not required for persons not convicted of a crime of violence or a drug trafficking crime.

**ATTENTION: SUBMISSION OF THIS APPLICATION DOES NOT PERMIT YOU TO USE, POSSESS, OR PURCHASE BULLETPROOF BODY ARMOR. BEFORE YOU USE, POSSESS OR PURCHASE BULLETPROOF BODY ARMOR, YOU MUST POSSESS A VALID PERMIT AND KEEP IT ON YOUR PERSON WHILE USING, POSSESSING, OR PURCHASING THE BODY ARMOR.**

[ ] One (1) completed application having pages 7 and 13 notarized.

[ ] Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses. Photographs must have been taken within the preceding 30 days .

Computer generated photographs are acceptable.

**NOTICE TO ALL BULLETPROOF BODY ARMOR APPLICANTS:** (Additional requirements for type of permit):

**1) Owner or Employee of a Business:** Submit photocopies of the Traders License or Articles of Incorporations, and if the purpose of the permit is for:

(a) Making deposits: Photocopies of six (6) random deposit slips for the business showing cash deposits or a letter from the bank (on bank stationery) attesting that your business has a cash flow

(b) Cash Flow: Photocopies of Ten (10) receipts showing cash paid for supplies and/or cash received for services.

(c) Requesting a permit for one of your employees, or if you are an employee and you have permission from your employer to obtain a permit: A letter from your employer on his business stationery, explaining in detail why you need bulletproof body armor as part of your duties.

**(2) Personal Protection:** There must be documented evidence of recent threats and or assaults, supported by official police reports or notarized statements.

**TELEPHONE DIRECTORY** – Dial (410) 799-0191 and use the following extensions:

Handgun Permit and Handgun Instructors..... 4	Private Detective and Security Guard License... 5
Security Technicians..... 6	Security Guard Clearance ..... 7
Special Police / Railroad Police and Canine..... 8	Firearms Sales / Purchases.....10
Firearms Dealers.....11	Administration..... 12

**PHYSICAL DESCRIPTION INDEX**

NOTE: Multiracial applicants may select all applicable racial categories

RACE	CODE	HAIR COLOR	CODE	EYE COLOR	CODE
American Indian	I	Bald	XXX	Black	BLK
Alaskan Native	I	Black	BLK	Blue	BLU
Asian	A	Blond	BLN	Brown	BRO
Pacific Islander	A	Brown	BRO	Gray	GRY
Native Hawaiian	A	Gray	GRY	Green	GRN
Black or African American	B	Red	RED	Hazel	HAZ
Hispanic	H	Sandy	SDY	Pink	PNK
White	W	White	WHI	Multi-color	MLU
Other	O				

## RENEWAL INSTRUCTIONS

**PAYMENT:** The check/money order must be made payable to: Maryland State Police.

Renewals are the responsibility of the applicant, regardless of the type of renewal (handgun permit, security guard, private detective, security systems agency licenses, special police, bulletproof body armor, etc...)

**NOTE:** Applications not submitted prior to its expiration date, may be subjected to the assessment of late fees.

**LATE FEES:** \$5.00 per day for a maximum of 30 days up to a total of \$150.00. If an application is submitted more than six months beyond its expiration date, the applicant is required to pay the original application fee plus the maximum \$150.00 late fee.

**1) HANDGUN PERMIT RENEWAL: Note:** The expiration date is on the face of the permit and the holder must APPLY AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE. RENEWAL APPLICATIONS MUST CONTAIN CURRENT DOCUMENTATION AS WAS REQUIRED WITH THE ORIGINAL APPLICATION.

Completed application having pages 7 and 13 notarized.

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, computer generated photographs are acceptable.

One (1) blue and white FBI fingerprint card which can be obtained at any MSP barrack.

All PRIVATE DETECTIVES, SECURITY GUARDS, AND SPECIAL POLICE OFFICERS must submit a certificate authenticating completion of a one-hour handgun re-certification class from a Maryland State Police Certified Handgun Instructor.

Renewal fee required: \$74 (\$50 fee plus \$24 FBI record check fee).

**RETIRED POLICE ONLY:** Copy of retired police identification card and \$24 FBI record check fee.

**2) PRIVATE DETECTIVE AGENCY AND SECURITY GUARD AGENCY LICENSES:** For agencies only, Renewal Packets shall be mailed from the Maryland State Police, Licensing Division. Please use the enclosed telephone directory found on Page 4 for your convenience.

**3) SECURITY GUARD CERTIFICATION PRIVATE DETECTIVE REGISTRANTS:**

Completed application having pages 7 and 13 notarized.

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, computer generated photographs are acceptable.

One (1) FBI fingerprint card.

Renewal fee required: \$34 (\$10 fee plus \$24 FBI record check) + late fees if applicable.

**4) SECURITY SYSTEMS AGENCY LICENSEES, AGENCY FIRM MEMBERS, AND REGISTRANTS:** (The Secretary will mail a renewal notice to agencies only. Renewals for registrants are the responsibility of the registrant.)

**A. Maryland companies:**

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, computer generated photographs are acceptable.

One (1) FBI fingerprint card.

**FOR LICENSEE AND FIRM MEMBERS:**

Completed application having pages 7 and 13 notarized.

A copy of a Fidelity Bond for at least \$50,000 or General Liability Insurance Policy for at least \$50,000

Fee: Licensee, \$124; Agency Firm Members, \$39; background included.

**FOR REGISTRANTS IN MARYLAND** assigned as monitors, salespersons, technicians, and persons having access to circumventing information:

Completed application having pages 7 and 13 notarized.

One (1) blue and white FBI fingerprint card which can be obtained at any MSP barrack.

Fee: \$39 (\$15 fee + \$24 background check fee).

**SECURITY SYSTEMS AGENCY LICENSEES, AGENCY FIRM MEMBERS, AND REGISTRANTS CONTINUED:****B. Out of State Companies:** (Must be reciprocal with Maryland with background check every two (2) years)

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, computer generated photographs are acceptable.

**LICENSEE AND FIRM MEMBERS:**

Completed application having pages 7 and 13 notarized.

A copy of the articles of Incorporation if applicable

A copy of a Fidelity Bond for at least \$50,000 or General Liability Insurance Policy for at least \$50,000

A copy of the license issued by another state within 1 year of the expiration date of the license issued by the Maryland State Police.

One (1) blue and white FBI fingerprint card

Fee: Licensee, \$124; Agency Firm Members, \$39.

**FOR REGISTRANTS assigned as monitors, salespersons, and technicians and persons having access to circumventing information:**

Completed application having pages 7 and 13 notarized.

A copy of the License/Registration issued by the reciprocal state.

Fee: \$39.

One (1) FBI fingerprint card

**5) SPECIAL POLICE COMMISSION:**

Completed application having pages 7 and 13 notarized with Approved Authorized Representative Signature.

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, computer generated photographs are acceptable.

One (1) FBI fingerprint card.

Renewal fee required: \$84. (\$60 fee + \$24 FBI record check).

NOTE: Agencies of the State of Maryland: \$24 FBI record check fee only. (EXEMPT FROM APPLICATION FEE.)

**6) BULLETPROOF BODY ARMOR:**

AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE, THE HOLDER OF THE BODY ARMOR PERMIT MUST SUBMIT THEIR RENEWAL APPLICATION AND THE RENEWAL APPLICATIONS MUST CONTAIN CURRENT DOCUMENTATION AS WAS REQUIRED WITH THE ORIGINAL APPLICATION.

Completed application having pages 7 and 13 notarized.

Two (2) 1½" x 1½" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses.

Photographs must have been taken within the preceding 30 days.

- Continued on Next Page -

**MARYLAND STATE POLICE – License and Permit Application**

Print or Type application using **BLACK INK ONLY** Date of application/employed: \_\_\_\_\_

**Check all that apply with this application:**  ORIGINAL  RENEWAL  SUBSEQUENT

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Private Detective Agency License | <input type="checkbox"/> Security Systems Agency License | <input type="checkbox"/> Special Police Commission  |
| <input type="checkbox"/> Security Guard Agency License    | <input type="checkbox"/> Security Systems Registrant     | <input type="checkbox"/> Railroad Police Commission |
| <input type="checkbox"/> Private Detective Registrant     | <input type="checkbox"/> Agency Firm Member              | <input type="checkbox"/> Handgun Permit             |
| <input type="checkbox"/> Security Guard Certification     | <input type="checkbox"/> Corporate Officer               | <input type="checkbox"/> Bulletproof Body Armor     |

*Submission of this application DOES NOT guarantee approval or issuance of request.*

(1) Name: Last				First:				Middle:				Suffix:			
(2) Street Address:															
(3) City:				State:				Zip:				County:			
(4) Phone #'s: Hm: ( )				Wk: ( )				Fax: ( )				Cell: ( )			
(5) Social Security #:				Date of Birth: / /				Birth Place: (City/State)				Country:			
(6) Driver's License #:								State:							
(7) Hispanic or Latino (Circle One) <b>YES / NO</b> Sex: Race: Height: Weight: Eye Color: Hair Color:															
(8) Are you a United States Citizen? <input type="checkbox"/> Yes ( <b>NOTE:</b> If Naturalized, attach a copy of your Naturalization paper) <input type="checkbox"/> No ( <b>YOU MUST</b> attach a copy of your Employment Authorization Card with this application)															
(9) Occupation:								Position or Title:							
(9A) Reason for handgun permit (Be specific):															
(10) Employer/Agency:								Agency License #:							
(10A) Address of Employer:															

**ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY.  
EXPLAIN FULLY ALL YES RESPONSES ON ATTACHED CONTINUATION SHEET.**

(11) Have you ever been served with an ex-parte or protection order for domestic violence?	YES	NO
(12) Have you ever been <b>ARRESTED</b> for a violation of any criminal law?	YES	NO
(13) Have you ever been <b>CHARGED</b> with a violation of any criminal law?	YES	NO
(14) Have you ever been <b>CONVICTED</b> with a violation of any criminal law?	YES	NO
(15) Have you ever been serve with a criminal summons?	YES	NO
(16) Are you currently on parole or probation or mandatory supervision?	YES	NO
(17) Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis?	YES	NO
(18) Have you ever attended, or been treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition?	YES	NO
(19) Are you addicted to, or have you ever been, or are you currently being treated for alcoholism?	YES	NO
(20) Are you addicted to or have you ever been addicted to controlled dangerous substances?	YES	NO
(21) Are you currently being treated, or have you ever been treated, for an addiction to controlled dangerous substances?	YES	NO
(22) Have you ever been a member of the United States Armed Forces? If so, attach a copy of DD-214/ Discharge papers.	YES	NO
(23) Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer).	YES	NO

(24) On the attached continuation sheet, give full details of prior denial, suspension, revocation or termination of your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction.

(25) On the attached continuation sheet, list all past employers for the last five (5) years: Must include company name, address, telephone number, dates worked, position of employment, supervisor's name and reason for leaving.

(26) I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing below in the designated space. I agree to supply any additional information requested. **FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THE APPLICATION AND/OR CRIMINAL PROSECUTION WHICH CARRIES A PENALTY OF IMPRISONMENT NOT EXCEEDING 1 YEAR AND/OR \$1000 FINE.**

Warning: Any person who willingly makes false statements on this application is guilty of a Misdemeanor.

(27) Applicant's Signature: \_\_\_\_\_ Date: (Must correspond with date of Notarization)

X

(28) Subscribed and sworn to before me: Notary Public _____ This _____ Day of _____ 20____ My Commission Expires _____ <b>MSP Form 29-70 (01/07)</b>	Photographs of applicant (Two 1 1/2" x 1 1/2" square, light background, head & shoulder full face, no hat, no dark glasses). Can be computer generated.	<b>ATTENTION: Submission of this application DOES NOT permit you to wear, carry or transport a handgun. You must possess a valid handgun permit.</b>
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(29) What is the Trade Name of your business? \_\_\_\_\_

(30) PRIVATE DETECTIVE APPLICANTS ONLY – What is the Trade Name or Fictitious Name the applicant and/or employees intend to use?  
\_\_\_\_\_

(31) Give complete details of any investigative experience or activities through Police Service, Military Service, Private Detective, and any organized municipal, county, state or federal police force. (Refer to Title 13, Section 13-303, Title 19, Section 19-303 for the experience requirements of the individual and licensee):  
\_\_\_\_\_  
\_\_\_\_\_

(32) What is your position or title in the firm or corporation? Specify in detail the exact duties you perform for the agency in connection with this license application:  
\_\_\_\_\_  
\_\_\_\_\_

(33) Do you employ more than one person? [ ] YES [ ] NO If Yes, you must include on the continuation sheet, a list of all employees, including full name, date of birth, social security #, ID#, sex and race **AND** you must file a certificate of compliance with the State Workmen’s Compensation Laws with the Maryland State Police Licensing Division or you may provide the Division, as evidence of insurance, a Workmen’s Compensation Policy Number or Binder Number.

Name of Insurance Company: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Binder Number: \_\_\_\_\_

(34) List your Maryland **principal office location** and each **branch office** (P.O. Boxes not accepted):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL QUESTIONS FOR CORPORATE USE ONLY:**

(35) Place of incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
 Is the charter still legally subsisting? [ ] YES [ ] NO

(36) Have all state and federal taxes been filed that are currently due? [ ] YES [ ] NO, explain on continuation sheet.

(37) Maryland qualifying representative member/licensee information: (P.O. Boxes not accepted)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(38) List all members of the board of directors, trustees, governors or similar body (Name and addresses) on the continuation sheet.

(39) List any person not listed previously, having any direct or indirect interests in or control of the firm or corporation (Name and addresses) on the continuation sheet.

**Applicant must attach the following:**

1. A copy of the Articles of Incorporation.
2. If you are a Foreign Corporation, a copy of registration with the Maryland Department of Assessments and Taxation.
3. Minutes of directors meeting electing officers of the corporation and specifying their duties.
4. Resolutions created after original dates of incorporation.

**ADDITIONAL QUESTIONS FOR UNINCORPORATED OR PARTNERSHIP APPLICANTS ONLY:**

(40) Give full name, address, position or title and interest of every partner, officer and supervisory employee of the firm on the continuation sheet.

**ADDITIONAL QUESTION FOR INDIVIDUAL BUSINESS OWNERS ONLY:**

(41) Give full name, address and full details of all persons having direct or indirect interest, dominion or control over the business to be operated by the applicant on the continuation sheet.



## COMPLIANCE CERTIFICATIONS

**FILL OUT THE SECTIONS BELOW WHICH PERTAIN TO THIS APPLICATION:**

### PRIVATE DETECTIVE REGISTRANT:

Notice of compliance with Title 13: Both licensee and employee agree to operate within the confines of the law as defined in Title 13, pertaining to Private Detective.

Statement of Licensee:

I do **not** wish the applicant to carry a firearm.

I wish the applicant to be armed and  have included that request on this application **OR**

have previously submitted a **pending** handgun

permit application, date submitted: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

### SECURITY GUARD CERTIFICATION:

Notice of compliance with Title 19: Both licensee and employee agree to operate within the confines of the law as defined in Title 19, pertaining to Security Guards.

Previous Security Guard #: \_\_\_\_\_

Statement of Licensee: Expiration date \_\_\_\_\_

I do **not** wish the applicant to carry a firearm.

I wish the applicant to be armed and  have included that request on this application **OR**

have previously submitted a **pending** handgun

permit application, date submitted: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

### SPECIAL POLICE COMMISSION/RAILROAD POLICE COMMISSION:

Previous SPC #: \_\_\_\_\_

Expiration date \_\_\_\_\_

Statement of Agency Official: By virtue of my authority:

I do **not** wish the applicant to carry a firearm.

I wish the applicant to be armed and  have included that request on this application **OR**

have previously submitted a **pending** handgun

permit application, date submitted: \_\_\_\_\_

Property to be protected: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Authorized Organization

\_\_\_\_\_  
Signature of Authorized Representative

**MARYLAND DEPARTMENT OF STATE POLICE**  
Licensing Division References

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pursuant to the provisions of Maryland Law, Submit the names of at least 3 reputable citizens, who have known you, the applicant for more than two (2) years, and **are not related in any way to you, the applicant.**

**Reference # 1:**

**Full name:** \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**Reference # 2:**

**Full name:** \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**Reference # 3:**

**Full name:** \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

# Maryland Department of State Police

## Authorization for Release of Information

I, \_\_\_\_\_  
Last First Middle Race Sex DOB

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information, which will be utilized, for investigative resources material.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature Date

### Notary Public Certification

State of Maryland County of \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me a Notary Public for said state and county, personally appeared \_\_\_\_\_, and made oath in due form of law that he/she has executed this authorization for release of information in the capacity therein stated and for the purpose therein contained. In witness, I here unto set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature

My commission expires: \_\_\_\_\_  
Affix Official Seal: