Licensing Division Application

Livescan Receipt #: 14652200007

Please read this entire document before completing your application. Attached is the application and forms needed to honor your individual request(s) of the Licensing Division. Please complete the attached application in strict accordance with the instructions listed below. Applications not completed correctly will be returned. Submit all applications to the Licensing Division's address below. Please do not submit the instruction information pages with your application. Processing a properly

The following application packet was designed for electronic completion. The form contains hidden features with sections and questions that appear or disappear based on the application types selected by the user. You must complete the application in its entirety before printing to sign and submit to the Licensing Division. This application will NOT be accepted in handwritten format. Follow all instructions and error messages as many fields have strict entry formats required of the user to accurately complete the application.

All applicants applying for **MULTIPLE** Licenses, Registrations, Certifications, Commissions, as an Agency Firm Member, as a Corporate Officer, and for Handgun Permits issued under the authority of the Licensing Division must complete the following application. Check all licenses that the applicant wishes to use this form to apply. Attach all additional documents as instructed in the application, including appropriate photographs.

Photographs must be 2" x 2" 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.

NOTE: Forms are no longer required to be notarized.

completed application may take up to 90 business days to investigate.

Date of Application: 08/08/2014

IMPORTANT NOTE ON FINGERPRINT SUBMISSIONS

All original applications require FBI and CJIS fingerprint submissions. Renewal applications only require FBI fingerprint submissions. Fingerprints must be submitted by way of an Electronic Fingerprint Processing Center authorized by the Maryland Department of Public Safety and Correctional Services. Applications associated with fingerprints submitted by way of an Electronic Fingerprint Processing Center will require payment to the Maryland State Police for the application only - **Do not include payment for fingerprints obtained and submitted through an electronic fingerprint processing center.**The confirmation document provided by the approved Electronic Fingerprint Processing Center must be attached to the application to facilitate matching the fingerprint results to the application. Staple the confirmation in the upper left front corner of this application. Input the Livescan Receipt Number (typed or handwritten) in the field provided on the upper right corner of the application. Checks or money orders must be payable to the Maryland State Police and must be from an active account containing sufficient funds. Out of state residents applying for a Handgun Permit must submit electronic fingerprints from a Maryland State Police approved electronic fingerprint processing center. For Electronic Fingerprint Processing Center locations please visit http://www.dpscs.state.md.us/publicservs/fingerprint.shtml

OUT-OF-STATE APPLICANTS PLEASE VISIT THE MARYLAND STATE POLICE WEB SITE FOR ADDITIONAL FINGERPRINT SUBMISSION PROCEDURES

In the case of multiple certifications, only one set of fingerprints is required; however, two photographs are required for each distinct certification as well as a separate check/money order for each certification. (Example: Handgun Permit and Private Detective Registrant application requires one set of fingerprints and four (4) photos. The fees total \$90.00 submitted via two checks; one for \$75.00 for the Handgun Permit, and one for \$15 for the Private Detective Registration fee). **Electronic Fingerprint Processing Centers charge, in addition to the cost to process the fingerprint submissions, a separate processing fee.**

Submit all applications to:

Maryland State Police
Licensing Division
1111 Reisterstown Road
Pikesville, MD 21208
(410) 653-4500 (800) 525-5555

Refer to the certifications and licenses on the following pages to ensure all required documents and fees accompany this application.

MSP Form 29-01 (Rev. 12/2012)

Licensing Division Application

Date of Application: 08/08/2014

aun Permit -

Handgun Permit -

Fees required by the Maryland State Police per statute:

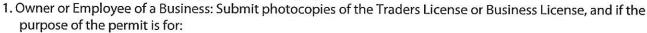
Original - \$75.00 fee

Subsequent - \$50.00 fee

Renewal- \$ 50.00 fee

Retired Police - \$0 fee - Per statute

Additional documents required per Handgun Permit Category:



- (a) Making deposits: Photocopies of six (6) random deposit slips for the business showing the deposits within a year of the application submission date or a letter from the bank attesting that your business has a monetary flow;
- (b) Cash Flow: Photocopies of ten (10) receipts showing purchases for supplies and/or payments received for services; or
- (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 the business stationery, explaining in detail why you need to carry a handgun as part of your duties.
- Professional Activities: Doctor certification or license. Addit
- 3. Correctional Officers: Must su
- Former Police Officer: If you h such as a letter from your ag requirements may apply.
- Private Detective/Security Gu Private Detectives, Security (with a handgun from a Mary letter supporting "good and maintained is also required.
- Personal Protection: There m by official police reports or r

Make Money Order Payable to: Maryland State Police

timacy of business activity and valid

Livescan Receipt #: 14652200007

tation of threats and/or assaults.
e of your tenure in law enforcement,
ou left in good standing. Additional

ns: All applicants who are employed as submit a certification of qualification in an MSP form. A copy of the form dilocation where the weapon will be

obberies, and/or assaults, supported

Officer(s)-

Private Detectives/Security (

Fees required by the Maryland State Po

New Agency Private Investigat New Agency Security Guard no

New Agency Private Investigat

New Agency Security Guard incorporated 92

New Security Guard and Private Detective agencies not incorporated \$35,000, when submitted together)

New Security Guard and Private Detective agencies incorporated \$750.00 (when submitted together)

Corporate officers fee \$0 (Corporate officers need not apply until the company has been approved)

Note: Renewal Applications are mailed to the business by the Maryland State Police for completion.

Additional documents required:

- 1. A copy of the Articles of Incorporation and minutes of last meeting appointing officers of the corporation.
- 2. 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.
- 3. 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*.

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.

Private Detective Registration-

Fees required by the Maryland State Police:

Private Detective Registrant - \$15.00 fee

Renewal - \$10.00

Page 2 of 10

ition.

Security Guard Certification-

Fees required by the Maryland State Police:

Security Guard C Renewal - \$10.00

Security Systems

Maryland Companies - (

- 1. A copy of the
- 2. General Liabil
- 3. Copies of cert
- 4. Fees Requirec

Agency

Agency Agency

(Corporate officers need

Out-of-State Companie:

- 1. A copy of the
- General Liabil... insurance Policy for at least \$50,000.
- 3. Copies of certifications of any specialized training related to Security Systems sales, service, and installation.

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4. Fees Required:

Individual licensee \$112.75 (does not Include background check fee)

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

Security Systems Registration-

(Monitor, Salesperson, Technician and persons having access to circumventing information)

Fees required by the Maryland State Police:

Security System Registration - \$15.00 fee

Renewal - \$15.00

Additional documents required:

Include copies of certifications of any specialized training related to Security Systems sales, service, and installation.

Out of State Registration for Security Systems-

As a Monitor, Salesperson, Technician and persons having access to circumventional information: (Must be reciprocal with Maryland with background check every two (2) years).

Attach a copy of the License / Registration issued by the reciprocal state.

Fees Required:

Out-of-State Registration - \$15.00 (does not include background check fee).

Special Police and Railroad Police Commissions-

Fees Required:

Special Police Commission - \$100.00 fee

Special Police Renewal - \$60.00

Railroad Police Commission - \$160.00 fee

Agencies of the State of Maryland - Exempt from the application fee, however, required to submit payment to authorized electronic fingerprint processing center.

Date of Application: 08/08/2014

Licensing Division Application

Livescan Receipt #: 14652200007

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.

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 Article fincorporations, and if the purpose of the permit is for: (a) Making deposits: Photocopies of six (6) random dering cash deposits or a letter from the bank (on bank station (b) Cash Flow: Photocopies ash received for services: or we permission from ery, explaining in ported by official ATTENTION: body armor. Before you us on your person while using, p All applica le to the can NOT hand write he application except **Providing False** ... Lead To Your Arrest

Date of Application: 08/08/2014

Licensing Division Application

Submit this application to 1111 Reisterstown Road, Pikesville, Maryland 21208 For questions contact the Maryland State Police Licensing Division by email at msp.licensing@maryland.gov	
Original Renewal Subsequent	
Select one or more of the following licenses for which this application is intended to serve: Private Detective Certification Private Detective Agency Security Guard Certification Security Guard Agency Security Systems Agency Handgun Permit Bulletproof Body Arm Railroad Police Commission Special Police Commission	
This application is being submitted by a(n): Firm Firm Member Individual	
1. Applicant's Name Last: 2. Street Addres 3. City: State: Zip Code:	<u></u>
4. Phone Numb Email: 5. SSN: Country:	
3. City: 4. Phone Numb Email: 5. SSN: 6. Driver's License N 7. Height:	
Email: 5. SSN: 6. Driver's License N 7. Height: 8. Are you a United Sta on Card with this applicate	tion
Answer all of the following coircumstances, and/or charge UFFICIAL court dispositions and any other documents necessary	
9. Have you ever been served with an ex-parte or protection order for domestic violence? Yes No	
10. Have you ever been ARRESTED for a violation of any criminal law?	
11. Have you ever been CHARGED with a violation of any criminal law?	

Date of Application: 08/08/2014

MARYLAND STATE POLICE Licensing Division Application

12. Have you ever been CONVICTED of a violation of any criminal law?	Yes No
13. Have you ever been served with a criminal summons?	Yes No
14. Are you currently on parole or probation or mandatory supervision?	Yes No
15. Have you ever been confined or committed, including voluntary commitment, to a mental institution	Yes No
or hospital for treatment of a mental disorder or disorders?	
16. Are you addicted to, or have you ever been, or are you currently being treated for alcoholism?	Yes No
To, the you diddleted to, of have you ever been, of the you earlettly being treated for decirions.	
17. Are you addicted to or have	Yes No
MCA	
18. Are you currently being treat on to controlled	Yes No
dangerous substances?	
19. Have you ever been employed 20. Has your handgun permit, licen invised et en ever been denied sugar.	Yes No
19. Have you ever been employed	
AUPS TOVI	
20. Has your handgun permit, licen	Yes No
jurisdiction ever been denied, suspe	
21. Have you ever been a member of copy of DD-214/	EVes ENe
Discharge papers.	Yes No
22. Are you an armored car guard?	Yes No
23. Reason for a Handgun Permit (Be Specific):	
Type: To work as an armed Security Guard.	
C L C C	
Security Guara.	

Date of Application: 08/08/2014

MARYLAND STATE POLICE Licensing Division Application

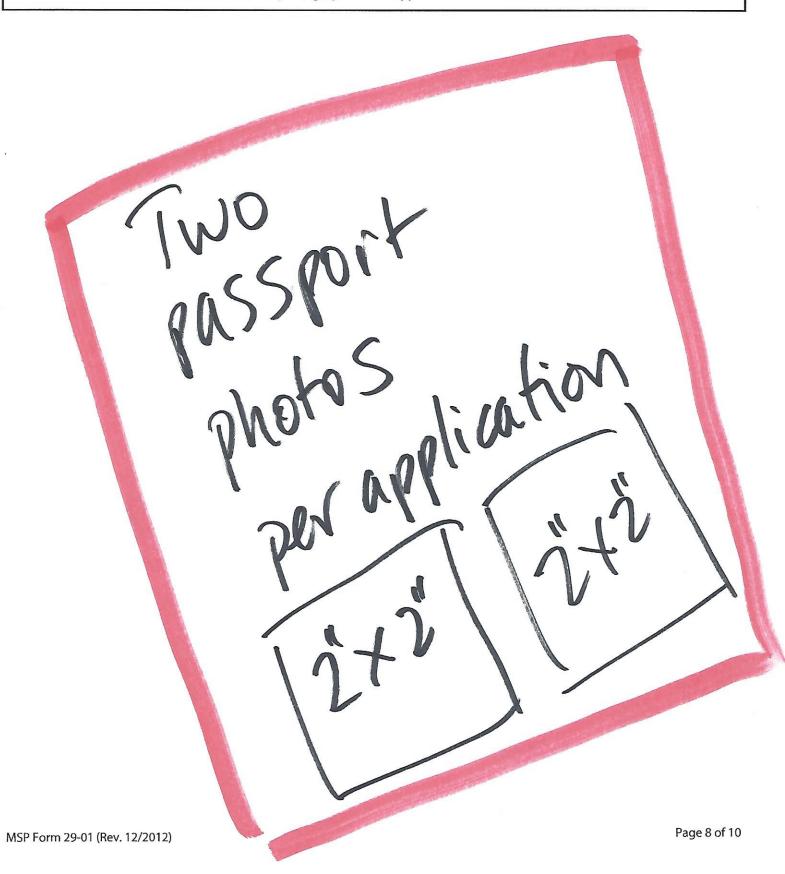
	ivision Application			23.77
List all current and past employers for the last five (5) years:				
Name of Employer:	E	Dates of Employm <mark>ent: _</mark>	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Employer Address:	City:		State:	Zip Code:
Position/Job Duties:				
Reason for Leaving:				
Supervisor's Name:				mber:
Name of Employer:		Dates of Employment:	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Employer Address: Position/Job Duties:	1055.		State:	Zip Code:
Employer Address: Position/Job Duties: Reason for Leaving: Supervisor's Name:	5		Phone Nur	mber:
	as.	f yment:	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Employer Address:	City:		State:	Zip Code:
Position/Job Duties:				
Reason for Leaving:				
Supervisor's Name:			P <mark>hone Nur</mark>	nber:

Licensing Division Application

Livescan Receipt #: 14652200007

Attach photographs of applicant (Two 2" x 2" square, light background, head & shoulder full face, no hat, no dark glasses) taken within 30 days preceding the filing of this application. Can be computer generated.

You MUST attach photographs to this application before submission.



Date of Application: 08/08/2014

Licensing Division Application

	Licensing Division Referer	nces
Applicant's Name		
Last:	First:	Middle:
Date of Birth:	Social Security Number:	
	land Law, submit the names of at least 3 reputabl ot related in any way to you, the applicant.	e citizens who have known you, the applicant, for
Reference #1		
Full Name:		Email:
Residence Address:		
Name of Employer:		
Residence Phone:	Employer's Phone:	C <mark>ellular Telephone:</mark>
Reference #2		
Full Name:	0 (000)	
Residence Address:	3 letercia	
Name of Employer:	31 60	
Residence Phone:	3 reference they will be called!	a <mark>r Telephone:</mark>
	- HAISA	
Reference #3	salled !-	
Full Name:	MIHCM .	
Residence Address:		
Name of Employer:		The second secon
Residence Phone:	Employer's Phone:	Cellular Telephone:
Reference #4		
Full Name:		Email:
Residence Address:		
Name of Employer:		
Residence Phone:	Employer's Phone:	Cellular Telephone:

Data of Application, 09/09/2014

MARYLAND STATE POLICE

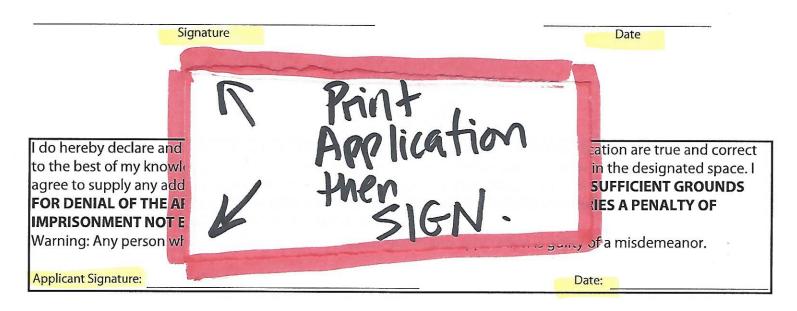
Date of Application: 08/08/2014	Licensing Division Application			Receipt #: 14652	2200007		
Authorization of Release of Information							
l,Last	First	Middle	Date of Birth:	Race:	Sex:		
Address				Social Secur	ity Number		

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 concerning this applicant. The intention of this authorization is to provide information, which will be utilized, for investigative resources material for the purpose of processing this application.

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 investigations reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; of complaints of a civil nature made by or against me, for the internal purposes of the Licensing Division, Department of the State Police.

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, his agents and/or employees, the Secretary and the Department of the State Police and the State of Maryland, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.



ATTENTION: Submission of this application DOES NOT permit you to wear, carry, or transport a handgun. You must possess a valid handgun permit.