

**MARYLAND STATE POLICE**  
**Licensing Division Application**

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

**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.

**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.**



## 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

← Fees

Additional documents required per Handgun Permit Category:

1. Owner or Employee of a Business: Submit photocopies of the Traders License or Business License, and if the purpose of the permit is for:
  - (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.
2. Professional Activities: Doctor certification or license. Addit
3. Correctional Officers: Must su
4. Former Police Officer: If you h such as a letter from your ag requirements may apply.
5. Private Detective/Security Gu Private Detectives, Security C with a handgun from a Mary letter supporting "good and maintained is also required.
6. Personal Protection: There m by official police reports or r

Make  
Money Order  
payable to:  
Maryland  
State Police

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

as: All applicants who are employed as  
submit a certification of qualification  
in an MSP form. A copy of the form  
d location where the weapon will be  
l.  
robberies, and/or assaults, supported

## Private Detectives/Security C

Fees required by the Maryland State Po

- New Agency Private Investigat
- New Agency Security Guard ne
- New Agency Private Investigat
- New Agency Security Guard incorporated
- New Security Guard and Private Detective agencies not incorporated \$375.00 (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

**Officer(s)-**



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**Security Guard Certification-**

Fees required by the Maryland State Police:

Security Guard C - \$15.00 fee  
Renewal - \$10.00

**Security Systems**

Maryland Companies -

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

Individu  
Agency  
Agency  
Agency

(Corporate officers need

Out-of-State Companie:

1. A copy of the
2. General Liability insurance Policy for at least \$50,000.
3. Copies of certifications of any specialized training related to Security Systems sales, service, and installation.
4. Fees Required:

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

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

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**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.

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**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).

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**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.**

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Enter today's  
DATE

Enter your Livescan #

**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 Articles of Incorporations, and if the purpose of the permit is for:
  - (a) Making deposits: Photocopies of six (6) random deposit statements or a letter from the bank (on bank stationery) stating the amount of cash deposits or a cash flow; or
  - (b) Cash Flow: Photocopies of three (3) months of cash received for services; or
  - (c) Other: Photocopies of three (3) months of cash received for services; or

2. Per  
pc

**ATTENTION:**  
Before you use  
while using, p

All applica

Providing False

**You MUST fill out this application online, then print. Make sure it is completely and correctly filled out. You can NOT hand write on the application except to Sign.**

May Lead To Your Arrest



Date of Application: 08/08/2014

# MARYLAND STATE POLICE Licensing Division Application

Livescan Receipt #: 14652200007

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](mailto:mSP.licensing@maryland.gov)

① → ☒ Original ☐ Renewal ☐ Subsequent

Select one or more of the following licenses for which this application is intended to serve: ②

- ☐ Private Detective Certification ☐ Private Detective Agency ☒ Security Guard Certification ☐ Security Guard Agency  
☐ Security Systems Agency ☐ Security Systems Technician ☒ Handgun Permit ☐ Bulletproof Body Armor  
☐ Railroad Police Commission ☐ Special Police Commission

This application is being submitted by a(n): ☒ Firm ☐ Firm Member ☐ Individual

Applicant Information	1. Applicant's Name ③ →		
	Last: _____	Middle: _____	Suffix: _____
	2. Street Address _____		
	3. City: _____	State: _____	Zip Code: _____
	4. Phone Number _____	Fax: _____	
	Email: _____	Country: _____	
	5. SSN: _____	Sex: _____	
	6. Driver's License Number _____	Date of Birth: _____	
7. Height: _____	Weight: _____		
8. Are you a United States Citizen? _____	Do you have a valid Maryland Driver's License? _____		

on Card with this application

Check:  
☒ original  
or  
renewal  
☒ Handgun Permit  
☒ Firm

Answer all of the following questions. Provide an explanation for all "Yes" responses by including the date, circumstances, and/or charges. Attach OFFICIAL court dispositions and any other documents necessary to answer questions 9 - 22 below to this application.

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? ☐ Yes ☐ No

11. Have you ever been CHARGED with a violation of any criminal law? ☐ Yes ☐ No

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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 or hospital for treatment of a mental disorder or disorders? ☐ Yes ☐ No

16. Are you addicted to, or have you ever been, or are you currently being treated for alcoholism? ☐ Yes ☐ No

17. Are you addicted to or have you ever used any controlled substances? ☐ Yes ☐ No

18. Are you currently being treated for any mental disorder or dangerous substances? ☐ Yes ☐ No

19. Have you ever been employed by the State of Maryland (as a Special Police Officer)? ☐ Yes ☐ No

20. Has your handgun permit, license, or permit to carry a handgun in any other state or jurisdiction ever been denied, suspended, or revoked? ☐ Yes ☐ No

21. Have you ever been a member of a law enforcement agency (copy of DD-214/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.



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List all current and past employers for the last five (5) years:

Name of Employer:	Dates of Employment:	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:		Phone Number:	

Name of Employer:	Dates of Employment:	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:		Phone Number:	

Name of Employer:	Dates of Employment:	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:		Phone Number:	

Past  
Employers:  
last 5  
years.

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.**

Two  
PASSPORT  
photos  
per application

2" x 2"

2" x 2"



**MARYLAND STATE POLICE**  
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Applicant's Name

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Pursuant of 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: \_\_\_\_\_

Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

**Reference #2**

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

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

**Reference #3**

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

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

**Reference #4**

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

Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

3 references  
they will be  
called !

Date of Application: 08/08/2014

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**Authorization of Release of Information**

I, \_\_\_\_\_  
Last First Middle Date of Birth: Race: Sex:

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 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.

Signature

Date

I do hereby declare and to the best of my knowledge agree to supply any additional information requested. **FOR DENIAL OF THE APPLICATION, IMPRISONMENT NOT EXCEEDS 1 YEAR.** Warning: Any person who

Print Application then SIGN.

Information are true and correct in the designated space. I **SUFFICIENT GROUNDS** **WARRANTS A PENALTY OF**

is guilty of a misdemeanor.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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