

**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 - \$

Renewal - \$ 50.

Retired Police

Additional documents

1. Owner or Employee of a Business: Submit a letter from your employer on the business stationery, explaining the purpose of the permit is for:

(a) Making deposits. Photocopies of the application showing the deposits within a year must be submitted.

(b) Collecting money.

(c) Receiving money.

(d) Receiving money.

(e) Receiving money.

(f) Receiving money.

(g) Receiving money.

(h) Receiving money.

(i) Receiving money.

(j) Receiving money.

2. Profession

certificati

3. Correctional Officers: must submit a letter from your employer on the business stationery, explaining the purpose of the permit is for:

4. Former Police Officer: If you have resigned or retired, you must show evidence of your tenure in law enforcement, such as a letter from your agency, and a letter from your agency indicating you left in good standing. Additional requirements may apply.

5. 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).

6. Personal Protection: There must be documented evidence of recent threats, robberies, and/or assaults, supported by official police reports or notarized statements from witnesses.

## Private Detectives/Security Guard Agency License and Corporate Officer(s)-

Fees required by the Maryland State Police:

New Agency Private Investigator not incorporated \$200.00

New Agency Security Guard not incorporated \$200.00

New Agency Private Investigator incorporated \$375.00

New Agency Security Guard incorporated \$375.00

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



**Security Guard Certification-**

Fees required by the Maryland State Police:

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

**Security Systems Agency License and Agency Firm Member(s)-**

Maryland Companies - original:

1. A copy of the Articles of Incorporation if applicable.
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 - \$115.50
  - Agency Firm Members - \$0
  - Agency Renewal - \$100.00
  - Agency Firm Member Renewal - \$100.00

(Corporate officers need not apply until

Out-of-State Companies - original: (the

1. A copy of the License and Ide
2. General Liability Insurance Po
3. Copies of certifications of any
4. Fees Required:

Individual licensee \$115.5

(Corporate officers need not apply until th

**Security Systems Registration-**

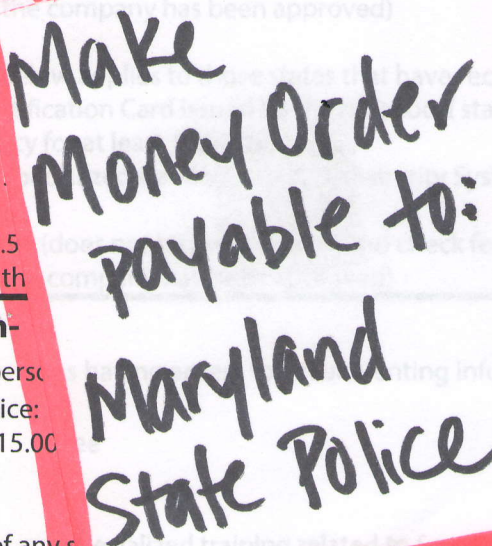
(Monitor, Salesperson, Technician and perso

Fees required by the Maryland State Police:

- Security System Registration - \$15.00
- Renewal - \$15.00

Additional documents required:

Include copies of certifications of any s

**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.**



**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 required for persons not convicted of a crime of violence or a drug trafficking crime.

**Notice to all**

1. Over the

2. Person  
police

**ATTENTION: Submit**  
**Before you use, possess,**  
**while using, possession**

All application

**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.**

corporations, and if  
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**Providing False or Misleading Information May Lead To Your Arrest**



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

Date of Application: 04/01/2014

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

① → ☒ 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 ☐ 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: Last: \_\_\_\_\_ First: \_\_\_\_\_ Suffix: \_\_\_\_\_  
2. Street Address: \_\_\_\_\_  
3. City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
4. Phone Numbers: Home: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
5. SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_  
6. Driver's License Number: \_\_\_\_\_ Sex: \_\_\_\_\_  
7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
8. Are you a United States Citizen? \_\_\_\_\_

**check:**  
☒ original or renewal  
☒ Security Guard  
☒ Firm

Answer all of the following questions by including the date, circumstances, and/or charge if applicable. You must attach OFFICIAL court dispositions and any other documents necessary to support your answers.

9. Have you ever been served with an arrest 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 been treated for, alcoholism?

☐ Yes ☐ No

17. Are you addicted to or have you been treated for, controlled substances?

☐ Yes ☐ No

18. Are you currently being treated, or have you ever been treated, for controlled dangerous substances?

☐ Yes ☐ No

19. Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer)

☐ Yes ☐ No

20. Has your handgun permit, license, certification, or any other state or federal permit, license, or certification ever been denied, suspended, revoked, or terminated?

☐ Yes ☐ No

21. Have you ever been a member of the United States Armed Forces? If so, attach a copy of DD-214/Discharge papers.

☐ Yes ☐ No

Answer  
ALL  
Questions

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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.



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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):

Current Employer	Occupation: _____	Position or Title: _____	
	Employer/Agency: _____	Agency License #: _____	
	Address of Employer: _____		
	City: _____	County: _____	State: _____

What is the Trade Name of your business as filed with the State Department of Assessments and Taxation (SDAT) according to COMAR 18.04.02.01?

What is the Trade Name or Fictitious Name the applicant is using to use as filed with SDAT to meet the requirements of Business Occupations and Professions, Article 13, Section 13-303?

What is your position or title in the agency or corporation, partnership, or sole proprietorship performing for this agency in connection with this license application?

List your Maryland principal office location.

**Principal Office Location:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Branch Office Locations:** To add or remove branch Office locations click the "+" or "-"

-	+
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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.**



## COMPLIANCE CERTIFICATIONS

## 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.

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

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

## 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

Name of Authorized Representative

Signature of Authorized Representative

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

If you are renewing your Guard Card,  
fill in Expiration Date and Previous #  
Leave BLANK if not.

Date and Sign  
**DO NOT FILL OUT ANY OTHER  
LINES !!**



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

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: \_\_\_\_\_

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

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

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

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

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

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

**Reference #3**

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

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

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

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

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

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

**Reference #4**

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

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

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

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

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

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

3 references  
they will be  
called !!



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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 affirm under penalty of perjury that the information provided is true and correct to the best of my knowledge, information and belief and I so intend. I agree to supply any additional information requested. FALSE INFORMATION IS A VIOLATION OF THE PENALTY FOR \$1000 FINE.  
**FOR DENIAL OF THE APPLICATION AND/IMPRISONMENT NOT EXCEEDING 1 YEAR**  
Warning: Any person who willingly makes

Print  
Application  
then  
SIGN.

correct  
space. I  
INDS  
F

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

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