

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) YES / NO	Sex:	Race:	Height: Weight: Eye Color: Hair Color:
(8) Are you a United States Citizen? <input type="checkbox"/> Yes (NOTE: If Naturalized, attach a copy of your Naturalization paper) <input type="checkbox"/> No (YOU MUST 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 \_\_\_\_\_

**MSP Form 29-01 (03/08)**

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.

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

[illegible]

Additional information may be attached on a blank sheet of paper.

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
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Address	Social Security Number
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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: