



MARYLAND STATE POLICE LICENSING DIVISION

Security Guard Agency Application



Date of Application:

Livescan Receipt #:

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 a separate application for each license. 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 or head covering. 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 except for Security Systems Renewal applications. Security Systems Renewal applications require FBI and CJIS 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. For Electronic Fingerprint Processing Center locations please visit: <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Below is the information that you should provide to the Livescan technician for fingerprinting:

Agency Authorization Number: 9400082495

Agency ORI Number: MDMSP6000

Reason Fingerprinted: MD Business Occupations and Professions Sections 19-304

For out of state applicants submitting physical fingerprint cards, submit check or money order made payable to the Maryland State Police for the required fee, for each requested certification. Out of state applicants visit the Maryland State Police website for additional fingerprint submission procedures for the certification requested.

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



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In the case of multiple certifications, separate fingerprints are required. Two photographs are also required for each distinct certification as well as a separate check/money order for each certification (Example: Special Police and Private Detective registrations require two separate applications, two sets of fingerprints and four (4) photos. The fees total \$115.00 submitted via two checks; \$100.00 for the Special Police certification, and \$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**

Private Detective/Security Guard Agency License and Corporate Officer(s)

Fees required by the Maryland State Police:

- New Agency Private Detective not incorporated \$200.00 fee
- New Agency Security Guard not incorporated \$200.00 fee
- New Agency Private Detective incorporated \$375.00 fee
- New Agency Security Guard incorporated \$375.00 fee
- New Security Guard and Private Detective agencies not incorporated \$375.00 fee (when submitted together)
- New Security Guard and Private Detective agencies incorporated \$750.00 fee (when submitted together)
- Corporate officers fee \$0 (Corporate officers need not apply until the company has been approved)

Additional documents required:

1. A copy of the Articles of Incorporation and minutes of last meeting appointing officers of the corporation (only required for original applications).
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 (only required for renewal applications).
3. Foreign firms or corporations must submit a Consent to Service form and the Board Resolution naming the proper officer to execute it (only required for original applications).

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. (Only required for original applications if the agency is incorporated).

Renewal notifications are mailed to the agency by the Maryland State Police Licensing Division

All applications must be complete and all checks/money orders must be made payable to the Maryland State Police. All fees are established by Maryland Statute.

(All fees, unless otherwise stated, are non-refundable)

All questions must be answered. Omissions of required information may result in application disapproval.

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

Providing False or Misleading Information May Lead to Your Arrest



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Please review and acknowledge the below Privacy Statement prior to submitting your fingerprints

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

SIGNATURE

DATE



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Date of Application:

Livescan Receipt#

Type of Application:

This application is being submitted by a(n):

APPLICANT INFORMATION

1. Name

Last:

First:

Middle:

Suffix:

2. Street Address:

City:

County:

State:

Zip Code:

3. Phone Numbers

Home:

Cell:

Work:

Fax:

4. Email:

5. Social Security Number (optional):

6. Date of Birth:

7. Birth Place (city/state):

8. Country of Birth:

9. Driver's License/State Issued ID#:

State:

If you are using a Passport number as your authorized ID number, you must include a copy of your passport with this application

10. Height:

Weight:

Eye Color:

Hair Color:

Race:

Gender:

11. Are you a United States Citizen?

- Note: If you are a naturalized citizen, you must attach a copy of your naturalization paperwork
- Note: If you are not a US citizen, you must attach a copy of your Employment Authorization Card



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APPLICANT QUESTIONNAIRE

Answer all of the following questions completely. Provide a detailed explanation for all "Yes" responses by including the date, circumstances, and/or charge if applicable. You must attach to this application OFFICIAL court dispositions and any other documents necessary to fully answer question numbers 1-13 below.

If you answer YES to question 7, 8, 9, and/or 10, you are required to obtain a certification from the physician who treated you for Alcohol Abuse/Controlled Dangerous Substance Abuse/Mental Disorder, or equivalent physician, who can attest to your current condition. The certification must be issued no more than 30 days prior to the submission of your Security Guard Agency Application. The certification must state that, in the physician's professional opinion, "you have been successfully treated, or are continuing to be treated, without incident." This quotation must appear verbatim on the Physicians Certification.

1. Have you ever been served with an ex-parte or protection order for domestic violence?

2. Have you ever been ARRESTED for a violation of any criminal law?

3. Have you ever been CHARGED with a violation of any criminal law?

4. Have you ever been CONVICTED of a violation of any criminal law?

5. Have you ever been served with a criminal summons?

6. Are you currently on parole or probation or mandatory supervision?



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

Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:

Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for Leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:

Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for Leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:



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Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for Leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:

Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for Leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:

Name of Employer:

Dates of Employment- Start Date: _____ **End Date:** _____

Employer Address:

City: _____ **State:** _____ **Zip Code:** _____

Position/Job Duties:

Reason for Leaving:

Supervisor's Name: _____ **Phone Number:** _____

Supervisor's Email:



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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:** _____ **Zip Code:** _____

Agency/Company Email: _____

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 and/or employees intend to use as filed with SDAT to meet the requirements of Business Occupations and Professions, Article 13, Section 305?

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:



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

Principal Office Location

Address:

City: **State:** **Zip Code:**

Branch Office Locations

Address:

City: **State:** **Zip Code:**

Address:

City: **State:** **Zip Code:**

Address:

City: **State:** **Zip Code:**

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



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Do you employ more than one person? No Yes

If yes, you must include 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:

Policy Number:

Expiration Date:

Binder Number:

Effective Date:

ADDITIONAL QUESTIONS FOR CORPORATE USE ONLY

Place of Incorporation:

Date of Incorporation:

Is the charter still legally subsisting? No Yes (If no, please explain below)

Maryland Qualifying representative member/licensee information (P.O. Boxes not accepted)

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Applicant MUST attach the following:

1. A list of all members of the board of directors, trustees, governors, or similar body (names and addresses) to this application.
2. A list of any person not listed previously, having any direct or indirect interests in or control of the firm or corporation (name and addresses).
3. A copy of the Articles of Incorporation.
4. If you are a foreign corporation, a copy of registration with the Maryland Department of Assessments and Taxation.
5. Minutes of directors meeting electing officers of the corporation and specifying their duties.
6. Resolutions created after original dates of incorporation.

ADDITIONAL INFORMATION FOR INDIVIDUAL BUSINESS OWNERS ONLY

Attach a list of full names, addresses, position or title and interest of every partner, officer, and supervisory employee of the firm

ADDITIONAL INFORMATION FOR UNINCORPORATED OR PARTNERSHIP APPLICANTS ONLY

Attach a list of full names, addresses, and full details of all persons having direct or indirect interest, dominion, or control over the business to be operated by the applicant.



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Applicant's Name

Last:

First:

Middle:

Date of Birth:

Social Security Number (optional):

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:

Address:

Name of Employer:

Home Phone:

Cell Phone:

Work Phone:

Email:

REFERENCE #2

Full Name:

Address:

Name of Employer:

Home Phone:

Cell Phone:

Work Phone:

Email:

REFERENCE #3

Full Name:

Address:

Name of Employer:

Home Phone:

Cell Phone:

Work Phone:

Email:



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Authorization for Release of Information

I, _____

Last Name	First Name	Middle Name	Date of Birth	Race	Sex
Address			Social Security Number (optional)		

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 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.

Signature

Date