



MARYLAND STATE POLICE LICENSING DIVISION

Security Systems 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: 9700004860

Agency ORI Number: MDMSP6000

Reason Fingerprinted: MD Business Occupations and Professions Sections 18-101 through 18-701 & 18-3A

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 (800) 525-5555

Security Systems Agency License and Agency Firm Member(s)

Maryland Companies -

Fees Required by the Maryland State Police

Agency Original and Renewal: \$100.00 fee

Duplicate ID Card: \$10.00 fee (included with application and photos)

Out-of-State Companies -

Fees Required by the Maryland State Police

Agency Original and Renewal: \$100.00 fee (does not include background check fee)

Duplicate ID card: \$10.00 fee (included with application and photos)

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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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 Systems 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:** _____

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:** _____

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:** _____



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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:	

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:	

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:	



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CURRENT EMPLOYER

Occupation:

Position or Title:

Employer/Agency:

Agency License:

Address of Employer:

City:

County:

State:

Zip Code:

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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<u>Applicant's Name</u>		
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.**

<u>REFERENCE #1</u>		
Full Name:		
Address:		
Name of Employer:		
Home Phone:	Cell Phone:	Work Phone:
Email:		

<u>REFERENCE #2</u>		
Full Name:		
Address:		
Name of Employer:		
Home Phone:	Cell Phone:	Work Phone:
Email:		

<u>REFERENCE #3</u>		
Full Name:		
Address:		
Name of Employer:		
Home Phone:	Cell Phone:	Work Phone:
Email:		



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Do you employ more than one person?

If yes, you must include a list of all employees, including full name, date of birth, social security number, ID number, 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.

Name of Insurance Company:

Policy#

Effective Date:

Expiration Date:

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

Name:

Address:

City:

State:

Zip Code:

Home Phone#

Cell Phone#

Work Phone#



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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



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Maryland Companies - Original Application checklist

1. Completed application (signed and dated).
2. Two passport size color photographs of applicant (2" x 2"), light background, head & shoulder full face, no hat, no dark glasses) taken within 30 days preceding the filing of this application. May be computer generated.
3. Maryland Livescan fingerprint receipt (State and Federal). The list of livescan fingerprint providers can be located at: <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>
4. Fee is \$100.00 Check or Money Order made payable to the Maryland State Police.
5. If the license holder (applicant) is not the owner of the agency/company, the applicant must provide a letter from the owner (on letterhead) which identifies the applicant to be the license Holder.
6. The application shall be accompanied by at least two written recommendations for the applicant. **Each recommendation shall be printed and signed, under oath, by a reputable citizen of the State of Maryland. The recommendation letter shall list the physical address of the citizen in the State of Maryland.**
7. **Formation of the Company:**
 - a. Incorporated Companies-submit of Articles of Incorporation.
 - b. Limited Liability Companies-Articles of Organization or Formation.
 - c. Sole Proprietor: Tax Documentation from registering with the Maryland Comptroller's or documentation from when the company was formed.
8. General Liability Insurance Policy for at least \$50,000.
9. Completed Maryland State Tax Verification Request Form: Email a copy of the form to the Tax Clearance Coordinator for the Office of the Comptroller of Maryland. **Submit a copy of the completed Maryland State Tax Verification Form with the application packet.**
10. If licensed in another state, provide a copy of the Security System Agency License.



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Non-Maryland Companies – Original Application checklist

1. Required to have a Maryland Office (Physical Address).
2. Completed application (signed and dated).
3. Two passport size color photographs of applicant (2" x 2"), light background, head & shoulder full face, no hat, no dark glasses) taken within 30 days preceding the filing of this application.
4. **Complete a Maryland fingerprint card** with the required fee of \$30.00 made payable to the Maryland State Police or the applicant can do the following: respond to Maryland to have Livescan Fingerprints completed (Federal and State) at a Livescan facility and provide the Maryland Livescan Fingerprint Receipt with the application. The list of livescan fingerprint providers can be located at:
<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>
5. Fee is \$100.00 Check or Money Order made payable to the Maryland State Police.
6. If the license holder (applicant) is not the owner of the agency/company, the applicant must provide a letter from the owner (on letterhead) which identifies the applicant to be the license Holder.
7. The application shall be accompanied by at least two written recommendations for the applicant. **Each recommendation shall be printed and signed, under oath, by a reputable citizen of the State of Maryland. The recommendation letter shall list the physical address of the citizen in the State of Maryland.**
8. **Formation of the Company:**
 - a. Incorporated Company-submit of Articles of Incorporation.
 - b. Limited Liability Company-Articles of Organization or Formation.
 - c. Sole Proprietor: Tax Documentation from registering with the Maryland Comptroller's or documentation from when the company was formed.
9. General Liability Insurance Policy for at least \$50,000.
10. Completed Maryland State Tax Verification Request Form: Email a copy of the form to the Tax Clearance Coordinator for the Office of the Comptroller of Maryland. **Submit a copy of the completed Maryland State Tax Verification Form with the application packet.**
11. If licensed in another state, provide a copy of the Security System Agency License.