

AGENCY/COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP #:

PHONE #:

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MARYLAND STATE POLICE  
Handgun Permit Section  
1111 Reisterstown Road  
Pikesville, MD 21208

Dear Sir:

The (Agency/Company Name) requests that the following employee be processed for a Maryland Handgun Permit.

Name of Employee: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Duties: ( ) Uniformed Security Guard  
( ) Plain Clothes Security Guard  
( ) Private Detective  
( ) Special Police  
( ) Armored Car Driver/Guard

Weapon Ownership:

( ) Employee  
( ) Agency/Company

Weapon Maintained During Off Duty Hours:

( ) Agency/Company Office  
( ) Agency/Company Job Site  
( ) Employee's Residence

Security Guard/Private Detective/Special Police:

( ) Security Guard Clearance Application Date Submitted: \_\_\_\_\_  
( ) Security Guard Clearance I. D. Card #: \_\_\_\_\_  
( ) Security Guard Clearance I. D. Date Transferred: \_\_\_\_\_  
( ) Temporary Private Detective License Date Issued: \_\_\_\_\_  
( ) Private Detective I. D. Card #: \_\_\_\_\_  
( ) Special Police Application Date Submitted: \_\_\_\_\_  
( ) Special Police Commission (Photo Copy) Attached: \_\_\_\_\_

Our Employee's signature below will signify that they are fully knowledgeable of Maryland Law and (Agency/Company) rules and regulations concerning the wearing, carrying, or transporting of firearms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_