



# MARYLAND STATE POLICE

Licensing Division

Qualified Separated Law Enforcement Officer Application  
For an Identification Card to Carry a Concealed Firearm  
18 U.S.C. 926C



Failure to complete the application completely will result in a disapproved Application

## CERTIFICATION OF PRIOR LAW ENFORCEMENT EMPLOYMENT

**FORMER MARYLAND TROOPERS/OFFICE OF MARYLAND STATE FIRE MARSHALS ONLY THIS PAGE**

Page 4 of 6

		APPLICANT GUIDANCE									
OPENING	Applicants, This page is to be used by <b>separated members of the Maryland Department of State Police</b> only. Complete applicant and agency information only. All other information will be obtained by members of the Licensing Division. If your separation eligibility is as a result of service with more than one agency, <u>a separate form must be submitted for each</u> . It is your responsibility to complete the applicant and agency portion of this form and mail it, along with the related application documents <u>as one packet</u> , to the Maryland State Police Licensing Division at 1111 Reisterstown Road, Pikesville, Maryland 21208. Upon receipt, the Licensing Division will review and verify the information provided and process your application accordingly. Incomplete or incorrect information will cause a delay in the issuance of a State of Maryland Law Enforcement Officer Safety Act (LEOSA) Identification Card. False information may lead to your arrest or permanent denial.										
	<b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF THE INITIAL APPLICATION ONLY!</b>										
	Applicant's Name (Last, First, Middle, SFX)					Address					
	City			State		Zip Code		Date of Birth	Age	Place of Birth (City, State)	
	Sex	Race	Weight	Height	Hair Color	Eye Color	Home Phone No. (AREA CODE)		Cell Phone No. (AREA CODE)	Email Address	
	Driver's License No.				State	Expiration Date	MDSP IBM No.				
Social Security No.											
AGENCY	<b>1</b>	Law Enforcement Department's Complete Name (MOST RECENT)					Business Address				
		Maryland State Police					1201 Reisterstown Road				
	City		State		Zip Code		Business Phone No. (AREA CODE)		Total Service Time		
	Pikesville		MD		21208				Yrs.	Mon.	
Law Enforcement Position Held – Must prove your position had statutory powers of arrest i.e.; Police Officer, State Trooper, Deputy Sheriff, Special Agent etc.											
Dates of Service											
ELIGIBILITY	<b>THIS SECTION TO BE COMPLETED BY FORMER EMPLOYER</b>										
	<b>THE SUPERINTENDENT OF STATE POLICE, OR HIS DESIGNEE WILL CERTIFY THE ABOVE PORTION OF THIS DOCUMENT AND COMPLETE THE BELOW QUESTIONS OF THE SEPARATED LAW ENFORCEMENT OFFICER'S APPLICATION FOR AN IDENTIFICATION CARD TO CARRY A CONCEALED FIREARM.</b>										
	Did the applicant separate in good standing from service with your public agency as a law enforcement officer, other than for reasons of mental instability?										<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the applicant authorized to engage in or supervise the prevention, detection, investigation or prosecution of, or the incarceration of any person for, any violation of law, and did he or she have statutory powers of arrest?										<input type="checkbox"/> Yes <input type="checkbox"/> No
	Before separation, was the applicant regularly employed as a law enforcement officer with the Maryland State Police for the months of service provided above or did he/she separate after completing probation due to a service connected disability as declared by the Maryland State Police he or she separated from?										<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did your agency provide the applicant with a separated/retired law enforcement identification card displaying his/her photograph?										<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the applicant separate in good standing without an <u>open</u> disciplinary or administrative action?										<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant receive a regular separation or a special disability separation not classified or described as a mental disability?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
DECLARATION	I indicate by my signature below, as a chief law enforcement officer or approved designee of the Superintendent of the Maryland Department of State Police that the applicant, to the best of my knowledge, provided accurate information and is not subject to any mentally incapacitating disabilities, or any disqualifying disabilities set forth in the Law Enforcement Officer Safety Act.										
	Printed Name of Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer					Signature Superintendent, Chief of Police, Sheriff or Chief Law Enforcement Officer					Date

# MARYLAND STATE POLICE

## Qualified Separated Law Enforcement Officer Application For an Identification Card to Carry a Concealed Firearm

### MARYLAND STATE TROOPER'S REQUEST FOR RANGE DATE FORMER MARYLAND DEPARTMENT OF STATE POLICE EMPLOYEES ONLY

<b>OPENING</b>	<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application <input type="checkbox"/> Replacement Application <input type="checkbox"/> Active Duty <input type="checkbox"/> Separated										
	<p>Former sworn members of the Maryland Department of State Police who have separated in good standing and who have not been excluded by responses to questions contained in this application process should complete all applicable sections of this application and particularly this page if you desire to qualify with a member of the Maryland State Police who is a qualified instructor through the Maryland Police Training Commission (MPTC). Upon completion, please return this form along with any supporting documentation to the Maryland State Police Licensing Division located at 1111 Reisterstown Road, Pikesville, Maryland 21208.</p> <p>You will be notified by a Maryland State Police Firearms Instructor of the date, time and location of your qualification course by a Maryland State Police Firearms Instructor assigned to your request. Federal law mandates that you qualify by Maryland standards for training and qualification for active law enforcement officers. These standards have been set by the Maryland Police Training Commission and must be provided by a Maryland Police Training Commission certified instructor. Particulars concerning the qualification requirements may be found in the Code of Maryland Regulations (COMAR) Title 12, Subtitle 04, Chapter 02, Section 11.</p>										
<b>APPLICANT</b>	Applicant's Name (Last, First, Middle, SFX)					Address					
	City			State		Zip Code		Age			
	Sex	Race	Weight	Height	Hair Color	Eye Color	Home Phone No. (AREA CODE)	Cell Phone No. (AREA CODE)	Email Address		
						Current LEOSA Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing Agency		Expiration Date	
MDSP ID No.				Current Handgun Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		State		Permit No.		Expiration Date	
<b>WEAPON INFORMATION</b>	<b>1</b>	TYPE <input type="checkbox"/> Semi-Automatic Pistol <input type="checkbox"/> Revolver					Make		Model		
	Serial Number				Caliber		Round Capacity				
	<b>2</b>	TYPE <input type="checkbox"/> Semi-Automatic Pistol <input type="checkbox"/> Revolver					Make		Model		
	Serial Number				Caliber		Round Capacity				
<b>MSP ONLY</b>	<b>LICENSING DIVISION USE ONLY</b>										
	DATE RECEIVED					DATE RETURNED					
	RANGE LOCATION					DATE AND TIME OF RANGE DATE					

**APPLICANT MAIL TO:** Maryland State Police Licensing Division, HPU, 1111 Reisterstown Road, Pikesville, MD 21208



# MARYLAND STATE POLICE

Licensing Division  
**MARYLAND POLICE AND CORRECTIONAL TRAINING  
 COMMISSION FIREARMS QUALIFICATION**



## Documentation of Firearms Training for Separated Police Officers in Maryland

APPLICANT GUIDANCE									
<b>OPENING</b>	<p>Applicants, complete all information as requested. <b>It is your responsibility</b> to complete the applicant and agency portions of this form, submit the document to your certified Maryland Police Training Commission Firearms Instructor for certification, recover it <b>WHEN COMPLETED</b>, and mail it, along with the related and requested application documents <u>as one packet</u>, to the Maryland State Police Licensing Division, Handgun Permit Unit at 1111 Reisterstown Road, Pikesville, Maryland 21208. Forms should be mailed after the initial application has been completed online. False information may lead to your arrest or permanent denial.</p> <p style="text-align: center;"><b>THIS DOCUMENT IS REQUIRED UPON SUBMISSION OF THE APPLICATION PACKET!</b></p>								
<b>DECLARATION</b>	<p>I attest that the individual identified below successfully completed classroom instruction and weapon qualification as prescribed by the Law Enforcement Officers Safety Act (L.E.O.S.A.), Title 18, USC, Chapter 44, Section B, Sub-Section 926C – “Carrying of concealed firearms by qualified separated law enforcement officers” and adopted by the Maryland Police and Correctional Training Commission under the Code of Maryland Regulations (COMAR), Title 12, Subtitle 04, Chapter 02, Section .11 for annual training and Firearm Qualification for Certified Police Officers.</p>								
<b>APPLICANT</b>	Applicant's Name (Last, First, Middle, SFX)				Address				
	City			State	Zip Code	Date of Birth	Age		
	Sex	Race	Weight	Height	Driver's License No.			State	Expiration Date
<b>AGENCY</b>	1 Law Enforcement Department's Complete Name				Business Address				
	City			State	Zip Code	Business Phone No. (AREA CODE)			
<b>INSTRUCTOR USE ONLY</b>	Date of Firearms Training:					NOTES:			
	Date of Firearms Qualification:								
	Location of Firearms Training:								
	Location of Firearms Qualification:								
	MPCTC Course Approval No:		P-						
	Firearm Type and Score:		Pistol	Day Fire:	%	Revolver	Day Fire:	%	
				Night Fire:	%		Night Fire:	%	
<b>DECLARATION</b>	<p>I am certified as a Firearms Instructor by the Maryland Police Training Commission.</p> <p>My Instructor Certification expires on: _____</p> <p>As a instructor, I am employed by (Agency / Department): _____</p> <p>I solemnly affirm under penalties of perjury that the foregoing is true to the best of my knowledge, information and belief.</p>								
	Printed Name of Certified Firearms Instructor				Signature of Certified Firearms Instructor			Date	