

REFERENCE QUESTIONNAIRE AND RECOMMENDATIONS

OFFICE USE ONLY	
DATE REQUEST RECEIVED BY MSP	
DATE REQUEST REVIEWED BY MSP	
DATE REQUEST APPROVED BY MSP	

COMPANY NAME	TYPE OF LICENSE SOUGHT
CORPORATE ADDRESS (Street, City, State, Zip)	

APPLICANT'S INFORMATION

1. Applicant (Last, First, MI)			2. Social Security Number N/A		
3. Address (Number) (Street) (Apt#)		(City)	(State)		(Zip Code + Four Digit)
4. Date of Birth (M/D/YYYY) N/A		5. Place of Birth (City & State)		6. Applicant's Age:	
6. Driver's License Number N/A		7. State		8. Expiration Date (M/D/YYYY)	
9. Physical Description (Height)	10. Physical Description (Weight)	11. Physical Description (Eye Color)		12. Physical Description (Hair Color)	

REFERENCE'S INFORMATION

13. Reference Last, First, MI			14. Telephone Number		
15. Address (Number) (Street) (Apt#)		(City)	(State)		(Zip Code + Four Digit)
16. Name of Employer		17. State		18. Employer's Telephone Number	

ACKNOWLEDGEMENT

Pursuant to the provisions of Maryland Law requiring that each applicant submit the written approval of reputable citizens, I, the undersigned, a citizen of the United States, knowing the aforesaid applicant for more than two (2) years, and believing him to be of good character, competent and honest, do hereby submit this recommendation and questionnaire. I am not related in any way to the applicant. I will, upon request, give such further facts concerning the applicant as I may possess. I am willing that the foregoing statement be made public if necessary.

QUALIFICATIONS AND APPLICABILITY STATEMENT

19. How long have you known the applicant listed above?	yrs
20. Has the applicant ever been convicted of a criminal offense (if yes explain on a separate page)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the applicant use narcotics or controlled dangerous substances of any kind (if yes explain on separate page)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does the applicant consume alcoholic beverages (if yes explain on separate page)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Has the applicant ever exhibited a propensity for violence or instability which may reasonably render his/her possession of this/these licenses a danger to him/herself or other law abiding citizens (If yes, explain on separate page)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the applicant ever been treated for mental illness or been placed in an institution for mental care (If yes, explain on separate sheet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you know of any reason why the applicant should not be given the privilege to hold this / these license(s) (If yes, explain on separate sheet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT (must be accompanied by notarized signature)

I HEREBY CERTIFY that on this ____ of _____, 20____ before me, a Notary Public for said State and County, personally appeared the affiant and made oath in due form of law that the matters and facts hereinabove set forth are true to the best of his knowledge, information and belief.

PRINTED NAME OF REFERENCE	SIGNATURE OF REFERENCE		Date
Subscribed and sworn to before me:	Notary Public:		
	State of:		County of:
	This	Day of	20
	My Commission Expires:		
Seal			