

MARYLAND STATE POLICE

Toll Free 1 (800) 525-5555
Firearms Registration Section
1111 Reisterstown Road
Pikesville, Maryland 21208
(410) 653-4500

Renewal of Regulated Firearms Dealer's License Application – FISCAL YEAR (FY) _____

Instructions

Type or legibly print all required information contained on the front and rear of this form. Ensure that this application is notarized. Attach copies of your current Federal Firearms License, current Trader's License if an inventory is maintained, and Maryland Sales and Use Tax License. Also, submit a clear and recognizable photograph, except if a photograph was submitted with an application within the preceding 5 years. Submit this form, copies of the required licenses, photograph (if applicable), and the annual renewal fee of \$25 in the form of a check or money order (No Cash) to the Firearms Registration Section at the above address.

Maryland Law

Public Safety Article, Title 5, Section 5-111, Annotated Code of Maryland, states that regulated firearms dealers' licenses shall expire on the 30th day of June each year. It is unlawful for a person to engage in the business of selling, renting, or transferring regulated firearms unless he/she lawfully possesses a **current** regulated firearms dealer's license.

Licensee Information

(If the applicant is a corporation, the application shall be completed and executed by a corporate officer **who is a resident of the State of Maryland.**)

Maryland Regulated Firearms Dealer's License #: _____
Driver ID#: _____ Social Security #: _____ - _____ - _____
Name Last: _____ First: _____ Middle: _____ Suffix: _____
Street Address: _____ Check if Baltimore City resident
Town/City: _____ County: _____ State: _____ Zip: _____
DOB: _____ Place of Birth: City _____ Country _____ Height: _____ Weight: _____
Month Day Year
Race: _____ Sex: _____ Eyes: _____ Hair: _____ Occupation: _____
Phone: Home (_____) _____ - _____ Work (_____) _____ - _____
Licensee's Status (check one): Owner Partner Corporate Office

Business Information

Business Name: _____
Street Address: _____ Check if Baltimore City address
Town / City: _____ County: _____ State: MD Zip: _____
Phone: Business (_____) _____ - _____ Fax (_____) _____ - _____ Email address: _____
License Type (check one): Individual License Corporation License
Sales Activities (check one): Retail Wholesale Both
Type of Business: Dealer Gunsmith Both
List any other business engaged in by the applicant at the same location for which this regulated firearms dealer's license is desired:

List any changes in the ownership or management of the business from that shown on the last license application: _____

Below For Maryland State Police Use Only

Date form forwarded: _____ Date form received: _____
Current disposition date: _____ Current Disposition: _____
Signature of approving official: _____ Comments: _____

Do you employ one or more persons: YES NO If yes, you must submit a certificate proving compliance with the State Workmen's Compensation laws or you may list as evidence of insurance, a workmen's compensation policy number or binder number.

Policy Number: _____ Binder Number: _____

Insurance Company: _____ Effective Date _____ Expiration Date: _____
Month Day Year Month Day Year

List All Employees:

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

Name: _____ DOB: _____ Race: _____ Sex: _____ Soc. Sec. #: _____ - _____ - _____
Last, First (Full Middle Name) Month Day Year

If additional space is needed, attach an additional page listing the required information.

Certification

I CERTIFY UNDER THE PENALTY OF PERJURY that: I am a citizen of the United States; I am at least 21 years of age; I have never been convicted of a crime of violence; I have never been convicted of any violation classified as a felony in this State; I have never been convicted of any violation classified as a misdemeanor in this State that carries a statutory penalty of more than two years; I have never been convicted of any violation classified as a common law offense where I received a term of imprisonment of more than two years; I have never been convicted of any violation classified as a common law offense regardless of the sentence imposed; I have never been convicted in any court of a misdemeanor crime of domestic violence; I am not a fugitive from justice; I am not under indictment for a crime punishable by imprisonment for a term exceeding one year ("crime punishable by imprisonment for a term exceeding one year does not include any State offense classified by the laws of the State as a misdemeanor and punishable by a term of imprisonment of two years or less); I have never been discharged from the Armed Forces under dishonorable conditions; I have never renounced United States Citizenship, I am not illegally or unlawfully in the United States; I am not a habitual drunkard; I am not in need of treatment for alcohol abuse; I am not an addict or habitual user of any controlled dangerous substances; I have never spent more than thirty consecutive days in any medical institution for treatment of a mental disorder or disorders, unless there is attached to this application a physician's certificate, issued within thirty days prior to the date of this application, certifying that the I am capable of possessing a regulated firearm without undue danger to myself, or to others; I have never been adjudicated mentally defective, I have never been committed to a mental institution; I am not a respondent against whom a current non ex parte civil protective order has been issued under Family Law Article, Section 4-506, Annotated Code of Maryland; if I am less than 30 years of age at the time of completing this application, I have never been adjudicated delinquent by a juvenile court for committing a crime of violence, any violation classified as a felony in this State, or any violation classified as a misdemeanor in this State that carries a statutory penalty of more than two years.

Any false information supplied or statement made in this application is a crime which may be punished by imprisonment for a period of not more than 3 years, or a fine of not more than \$5,000 or both.

Applicant's Signature: _____ Date: _____
(Name of applicant as listed in the Licensee portion of this application.) Month Day Year

Notary Public Certification

I hereby certify that on this _____ day of _____, _____, before me, the subscriber a Notary Public of the State
(Month) (Year)
of Maryland, in and for the County of _____, _____
(Name of applicant as listed in the Licensee portion of this application.)
personally appeared and made oath in due form of law that the answers provided in this application are full, complete, correct, and true to the best of his/her knowledge, information, and belief.

Notary Public Signature