

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE
Request for Firearms Maintenance

1. Service requested by: _____
(Rank) (Name) (Assignment)

2. Weapon to be serviced: _____
(Make) (Model) (Type) (Caliber) (Serial Number)

3. Reason for request:

Signature: _____ Approved: _____
(Requesting Officer) (Commanding Officer's Signature)

4. Received by: _____ Date: _____
(MCP Firearms Instructor's/Armorer's Signature)

5. Spare weapon loaned: _____
(Make) (Model) (Type) (Caliber) (Serial Number)

MCP Firearms Instructor's/Armorer's Remarks

Probable cause of defect:

Work performed:

Parts replaced:

Total time spent in maintenance:

Date returned: _____ Signature: _____
(MCP Firearms Instructor/Armorer)