



MARYLAND DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Date: _____ Data Entry: _____ PCO: _____

CONTRACTOR'S SECURITY CLEARANCE
Application / Employee Information

1. FULL NAME: _____
(First) (Full Middle Name) (Last)
2. ADDRESS: _____
3. GENDER: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____
4. DATE OF BIRTH: ____/____/____ 5. SS#: _____
6. DRIVER'S LICENSE#: _____ STATE: _____
7. HOME TELEPHONE#: _____
8. APPLICANT/EMPLOYEE TRADE: _____
9. ATTACH COPY OF APPLICANT'S DRIVER'S LICENSE –
(Make sure photo is clear and light enough to identify the individual)

CONTRACTOR: \$15.00 – Pay by Check/Money Order Only

Company Information:

1. NAME OF COMPANY: _____
2. ADDRESS OF COMPANY: _____
3. COMPANY TELEPHONE#: _____ FAX#: _____
4. Project# _____ Building: _____ Task: _____
5. AGENCY AUTHORIZING SIGNATURE _____ PHONE: _____

<i>Office Use Only:</i>	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	LOST <input type="checkbox"/>
	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	
Reviewing Officer: _____	Date: _____		
ID Card# (Front) _____ (Back) _____	Payment: _____		
SCPC Signature: _____	Date: _____		