



Name (Print): LAST:	FIRST:	MI: Date of Birth:	
Employer		Last four numbers of Social Security Number:	
Office Phone #:			
Full Time State House Reporter	Session Reporter Onl	ly 🗌	
s the applicant, under Maryland law, permitted	to carry a firearm? Yes	No .	
f Yes, is it required for the applicant's work-rel	ated responsibilities? Yes [No If Yes, Permit #:	_
property may not carry open or concealed firearms, means State public buildings, improvements, groun	explosives, incendiary devices ds, and multiservice centers un	or official purposes and by authorized personnel, an individual on the s, or dangerous or deadly weapons." Under COMAR 04.05.01.01A, "propider the jurisdiction of the Department of General Services."	Ĭ
MEDIA ID Card:			
New Damaged Lost	Name Change	Renewal Stolen	
money orders will be accepted and should be	payable to: Dept. Of Gene	acement cost of 2 nd lost card is \$100.00 3 rd lost \$250.00 only Ceral Services. CASH WILL NOT BE ACCEPTED. A photo II., or Current Military ID card must be shown to process this reque), such a
Applicant Signature:		Date:	
		Date:	
Printed Name:			
Title:			
For Office Use Only:			
Date of Request:	Card #:	Inv. #	
Agency Pay Check Mone	y Order Amt	Document #:	
SCPC Signature	Date		
SCPC Signature	Date		
Approve Yes No	Reviewing Officer	Date	