



**MARYLAND STATE SECURITY CARD AUTHORIZED SIGNATURE**

The individual whose name and original signature appear below is authorized to approve Maryland State Security Card applications for employees from his/her agency and division. DGS-MCP will only accept applications signed by an agency/division representative who has been authorized to do so by the Maryland State Security Card Agency Coordinator and whose authorization form is on file at DGS-MCP

**Agency/Division** \_\_\_\_\_

**Name** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Original Signature** \_\_\_\_\_

**Agency Coordinator Approval:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_