



MARYLAND CAPITOL POLICE ID REQUEST FORM

State Employee Non-Employee Contractor Temp Reg. Lobbyist N-Lobbyist LGO Media

New Damaged Lost Name Change Renewal Stolen Transferred

Replacement cost for any category of lost State ID card is \$50.00. Replacement cost of 2nd lost card is \$100.00 3rd lost \$250.00 only Checks or money orders and Credit Cards will be accepted and should be payable to: MCP, CASH WILL NOT BE ACCEPTED.

APPLICANT INFORMATION: ATTACH COPY OF APPLICANT'S DRIVER'S LICENSE Date:

Name (Print): Last: First: Middle Name

Date of Birth: Race: Sex: Height: Weight: SSN # Last Four Numbers:

Driver License #: State: Phone #: (Home / Cell)

Home Address:

STATE EMPLOYEE INFORMATION:

Agency / Employer: Address:

Division/ Office: Office Phone #:

ID Coordinator: Signature PRINT FULL NAME ID COORDINATOR MUST SIGN APPLICATION

LAW ENFORCEMENT CMI V. Is the applicant, under Maryland law, permitted to carry a firearm? Yes No If Yes, is it required for the applicant's work-related responsibilities? Yes No Permit #:

State law, Code of Maryland Regulations, COMAR 04.05.01.03B says: "Except for official purposes and by authorized personnel, an individual on the property may not carry open or concealed firearms, explosives, incendiary devices, or dangerous or deadly weapons."

CONTRACTOR INFORMATION:

(Contractors: \$15.00 payable by CHECK / MONEY ORDER OR CREDIT CARD - payable to: "MCP" - NO CASH ACCEPTED

Company: Address:

Company Phone #: Fax:

Project #: Building: Task:

Agency/Sponsor Name/Title:

Agency/Sponsor Signature: Phone #:

LOBBYIST/ NON-LOBBYIST INFORMATION: \$50.00 payable by CHECK / MONEY ORDER OR CREDIT CARD - payable to: "MCP" - NO CASH ACCEPTED

Current State Ethics Registration Attached: Yes No (COMAR 19A.07.01.04 Registration with Commission)

\* Applicant Signature: Date:

For Office Use Only: Approved Disapproved Reviewing Officer's Signature:

Date of Request: Font #: Batch#:

Agency Pay Check Money Order Amt. Document #:

SCPC Signature Date

SCPC Signature Date

**STATE OF MARYLAND  
GENERAL SERVICES MARYLAND CAPITOL POLICE**

**AUTHORIZATION OF RELEASE OF INFORMATION**

I, \_\_\_\_\_  
          LAST        FIRST        MIDDLE        RACE        SEX

\_\_\_\_\_  
D.O.B.        ADDRESS        SOC. SEC. NO.

hereby authorize a review and full disclosure of all criminal records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of General Services Police, whether the said records are public or private, and including those which may be deemed to be of privilege or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date