



# MARYLAND CAPITOL POLICE ID REQUEST FORM

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

New  Damaged  Lost  Transfer  Name Change  Renewal  Terminated

Replacement cost for any category of lost State ID card is \$50.00. Replacement cost of 2nd lost card is \$100.00. Replacement cost of 3rd lost card is \$250.00  
Only Checks or money orders will be accepted and should be payable to: "Dept. Of General Services." CASH WILL NOT BE ACCEPTED.  
A photo ID, such as a Driver's license, MVA identification card, Passport, or Current Military ID card must be shown to process this request.

### APPLICANT INFORMATION: ATTACH COPY OF APPLICANT'S DRIVER'S LICENSE - (Make sure photo is clear and light enough to identify the individual)

Name(Print): Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ SSN#: (last four) \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Phone #: (Home/Cell) \_\_\_\_\_  
Home Address: \_\_\_\_\_

### STATE EMPLOYEE INFORMATION:

Agency / Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Division/Office: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
ID Coordinator: \_\_\_\_\_ PRINTED FULL NAME Signature: \_\_\_\_\_ ID COORDINATOR MUST SIGN APPLICATION

**LAW ENFORCEMENT ONLY:** 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 states: "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." Under COMAR 04.05.01.01A, "property means State public buildings, improvements, grounds, and multiservice centers under the jurisdiction of the Department of General Services."

### CONTRACTOR / NON-EMPLOYEE INFORMATION:

(Contractors: \$15.00 payable by CHECK / MONEY ORDER ONLY - payable to: "Dept. of General Services" - No CASH accepted)

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Project #: \_\_\_\_\_ Building: \_\_\_\_\_ Task: \_\_\_\_\_  
Agency/Sponsor Name/Title: \_\_\_\_\_  
Agency/Sponsor Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Billing Information for agency payment: \_\_\_\_\_

### LOBBYIST INFORMATION:

(Lobbyist: \$50.00 payable by CHECK / MONEY ORDER ONLY - payable to: "Dept. of General Services" - 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: \_\_\_\_\_ Card #: FRONT BACK Inv. # \_\_\_\_\_

Agency Pay  Check  Money Order Amt. \_\_\_\_\_ Document #: \_\_\_\_\_

SCPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCPC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MARYLAND  
MARYLAND CAPITOL POLICE

AUTHORIZATION OF RELEASE OF INFORMATION

I, \_\_\_\_\_  
FIRST MIDDLE LAST RACE SEX DATE OF BIRTH

\_\_\_\_\_  
ADDRESS CITY STATE ZIP SOCIAL SECURITY NUMBER

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 Maryland Capitol 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 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.

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
WITNESS SIGNATURE DATE