



MARYLAND CAPITOL POLICE ID REQUEST FORM

☐ State Employee ☐ Non-Employee ☐ Contractual ☐ Temp ☐ R-Lobbyist
☐ N-Lobbyist ☐ LGO ☐ Media ☐ Contractor ☐ State's Attorney

☐ New ☐ Damaged ☐ Stolen ☐ Lost ☐ Renewal ☐ Transfer ☐ Name Change

APPLICANT INFORMATION:

ATTACH A COPY OF THE APPLICANT'S DRIVER'S LICENSE – (Make sure image is clear and light enough to identify the individual)

Name: _____
First Name Middle Name Last Name

Date of Birth: _____ SSN# (Last Four) _____ Driver's License # _____ State _____

Cell Phone # _____ Work Phone # _____

Veteran Status: ☐ Veteran - Verified through DD-214 ☐ Non-Veteran

STATE EMPLOYEE INFORMATION:

Employer: _____ Agency _____ / _____ Division/Unit _____

Address: _____ Office Phone # _____

ID Coordinator: _____ Printed Full Name _____ Signature: _____ Signature Required _____ Date: _____

CONTRACTOR / MEDIA INFORMATION:

(Contractors: \$15.00 – CHECK / MONEY ORDER / CREDIT CARD - payable to: "Maryland Capitol Police" - **NO CASH ACCEPTED**)

Company: _____ Phone: _____

Address: _____

Building: _____ Task: _____

Agency/Sponsor Name/Title: _____

Agency/Sponsor Signature: _____ Phone: _____

LOBBYIST / NON-LOBBYIST INFORMATION:

(Lobbyist: \$50.00 - CHECK / MONEY ORDER / CREDIT CARD - payable to: "Maryland Capitol Police" - **NO CASH ACCEPTED**)

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

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

PREFERRED ID PICKUP LOCATION: ☐ ANNAPOLIS ☐ BALTIMORE

* **Applicant Signature:** _____ **Date:** _____

The replacement cost for any category of lost State ID card is **\$50.00**. The cost for the second lost card is **\$100.00**. The cost for the third or more lost cards is **\$250.00**.

Only Checks, money orders, or credit cards payable to "Maryland Capitol Police" will be accepted. **CASH WILL NOT BE ACCEPTED.**

A photo ID, such as a Maryland Driver's License, Maryland MVA Identification Card, Passport, or Current Military ID card, must be shown to process this request.

OFFICE USE ONLY: ☐ APPROVED ☐ DISAPPROVED Reviewing Officer's Signature: _____

Date of Request: _____ Card #: _____ Front _____ / _____ Back _____ Approval Code: _____

Credit Card Check Money Order Amt: _____ Document #: _____

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

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared, _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness hereof I hereunto set my hand and official seal.

NOTARY PUBLIC

Print Name: _____

My Commission Expires: _____

Official Seal
Must be Affixed

PLEASE READ THE FOLLOWING INSTRUCTIONS TO ENSURE SUCCESSFUL SUBMITTAL OF YOUR APPLICATION REQUEST. ALL APPLICATION REQUESTS ARE ACCEPTED ONLINE ONLY UTILIZING THE SCPC EMAIL INBOX (DGS.SCPC@MARYLAND.GOV) THANK YOU.

SECTION A.

1. PLEASE SELECT THE TYPE OF EMPLOYEE THAT IS APPLYING FOR THE STATE ID CARD

STATE EMPLOYEE- Person who is employed full-time, part-time or temporarily by the state of Maryland.

CONTRACTUAL EMPLOYEE- Person who works for the State and does not have a Personnel Identification Number (PIN)

NON-EMPLOYEE – County employee working in a state facility

TEMP – Employed through a temp agency and or an agency intern

REG-LOBBYIST- a lobbyist who is registered through the Ethics Commission

NON- LOBBYIST- a lobbyist who is not registered through the Ethics Commission

LGO- Local government employees

MEDIA- Employed by a news agency/department

CONTRACTOR- The person is not paid directly by the state but by another employer

2. PLEASE SELECT THE REASON FOR THE ID CARD

NEW – This is for an employee who has never had a state ID in any capacity

DAMAGED- Must have the damaged ID present when obtaining the new ID


STOLEN- Must have police report to include the stolen ID card listed in the property section

LOST- The fees vary based on 1st, 2nd or 3rd time lost

RENEWAL- Contractor, Temp, Lobbyist, Non-Lobbyist, Contractual ONLY

TRANSFER- From one state agency to another state agency

NAME CHANGE- Name must be changed on the license or have a marriage license to show the change

	MARYLAND CAPITOL POLICE ID REQUEST FORM	<input type="checkbox"/> State Employee	<input type="checkbox"/> Non Employee	<input type="checkbox"/> Contractual	<input type="checkbox"/> Temp			
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SECTION B.

1. **STATE EMPLOYEE/CONTRACTUAL EMPLOYEE/NON-EMPLOYEE/ TEMP**, COMPLETE THIS SECTION TO IT'S ENTIRETY. ONLY THE (AUTHORIZED) ID COORDINATION WILL PRINT, SIGN AND DATE IN THE ID COORDINATOR SECTION **BEFORE** THE APPLICATION IS SUBMITTED.

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: _____ SSN#: (last four) _____
Driver's License #	_____	State: _____	Phone #: (Home/Cell) _____
Home Address: _____			
STATE EMPLOYEE INFORMATION:			
Agency / Employer: _____			
Address: _____		Office Phone #: _____	
ID Coordinator:	_____ PRINTED FULL NAME	Signature: _____	ID COORDINATOR MUST SIGN APPLICATION Date: _____

1. CONTRACTOR/ MEDIA, COMPLETE THIS SECTION TO IT'S ENTIRETY. THE AGENCY SPONSOR FOR THE PROJECT MUST PRINT, SIGN AND DATE BEFORE THE APPLICATION IS SUBMITTED. ADDITIONALLY, BE SURE TO COMPLETE THE AUTHORIZATION OF RELEASE FORM

SECTION D.

1. LOBBYIST/ NON-LOBBYIST, COMPLETE THIS SECTION AND CHECK THE BOX TO INDICATE THAT YOU HAVE A CURRENT STATE ETHICS REGISTRATION ATTACHED

SECTION E.

1. PLEASE SELECT THE LOCATION THE EMPLOYEE WILL OBTAIN THEIR ID (BALTIMORE OR ANNAPOLIS)

2. ALL APPLICANTS MUST SIGN THE APPLICATION BEFORE THE APPLICATION IS SUBMITTED. PLEASE SUBMIT A CLEAR COPY OF THE FRONT IMAGE FOR THE APPLICANT'S DRIVER'S LICENSE OR PASSPORT

SECTION F.

1. THE AUTHORIZATION OF RELEASE FORM SHOULD ONLY BE COMPLETED BY THE FOLLOWING: CONTRACTOR, LOBBYIST, NON-LOBBYIST AND MEDIA.

STATE EMPLOYEES DO NOT COMPLETE THIS FORM.



**STATE OF MARYLAND
MARYLAND CAPITOL POLICE**

AUTHORIZATION OF RELEASE OF INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP	PHONE NUMBER

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OFFICIAL USE ONLY

 MARYLAND CAPITOL POLICE

DATE

 DATE