



MARYLAND CAPITOL POLICE ID REQUEST FORM

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

New Damaged Stolen Lost Renewal Transfer Name Change

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: _____

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 / MEDIA INFORMATION:

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

Company: _____ Address: _____

Company Phone: _____ Email/Fax: _____

Building: _____ Task: _____

Agency/Sponsor Name/Title: _____

Agency/Sponsor Signature: _____ Phone: _____

LOBBYIST / NON-LOBBYIST INFORMATION:

(Lobbyist: \$50.00 payable by CHECK / MONEY ORDER OR 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)

PREFERRED ID PICKUP LOCATION: ANNAPOLIS BALTIMORE

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

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, money orders, or credit cards will be accepted and should be payable to: "Maryland Capitol Police." **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.

For 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

WITNESS SIGNATURE DATE

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	<input type="checkbox"/> State Employee	<input type="checkbox"/> Non Employee	<input type="checkbox"/> Contractual	<input type="checkbox"/> Temp		
	ID REQUEST FORM	<input type="checkbox"/> Reg-Lobbyist	<input type="checkbox"/> N-Lobbyist	<input type="checkbox"/> LGO	<input type="checkbox"/> Media	<input type="checkbox"/> Contractor	
	<input type="checkbox"/> New	<input type="checkbox"/> Damaged	<input type="checkbox"/> Stolen	<input type="checkbox"/> Lost	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Name Change

SECTION B.

1. STATE EMPLOYEE/CONTRACTUAL EMPLOYEE/NON-EMPLOYEE/ TEMP, COMPLETE THIS SECTION TO IT'S ENTIRETY. ONLY THE (AUTHORIZED) ID COORDINATOR 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: _____

SECTION C.

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

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

Company: _____ Address: _____
Company Phone: _____ Email/Fax: _____
Building: _____ Task: _____
Agency/Sponsor Name/Title: _____
Agency/Sponsor Signature: _____ Phone: _____

SECTION D.

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

LOBBYIST NON-LOBBYIST INFORMATION:
(Lobbyist: \$50.00 payable by CHECK / MONEY ORDER OR 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)

SECTION E.

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

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

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

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

I, _____

I hereby authorize a review and full disclosure of all criminal records, or any part thereof, concerning myself by 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 or prosecutive purposes.

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 resulting from this request.

I further understand that in the event my application is disapproved, the source 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.

