

**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: _____

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:

Agency/Department: _____ 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: _____