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: $50.00- 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

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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

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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 COORDINATIOR 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 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, _____

_____ 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.

_____ _____

_____ _____