



# Geared Up Firearms, Training and Accessories, Inc.

Hello and Welcome to Geared Up Firearms Training and Accessories,

The following is information that you will need for your upcoming class or purchase/transferee of your firearm. Please be sure to read all the information and should you have any further questions please do not hesitate to contact us.

## Class Information:

- All classes start at 9am on every 2<sup>nd</sup> & 4<sup>th</sup> Saturday each month.
- **Parking is available for FREE in the parking lot next to us.**
- HQL classes are 4 hours these courses and times are regulated by the Maryland State Police.
  - **HQL (Handgun Qualification License)**
  - A person may only purchase, transfer, or rent a handgun if they possess a valid Handgun Qualification License (HQL) issued by the Maryland State Police, in accordance with the Firearm Safety Act of 2013. Completing the MD Firearms Safety Training Course (HQL) satisfies the requisite minimum requirements set forth by the Maryland Department of State Police to apply for an HQL.
    - Classes held at 19N. Court St. Westminster, MD 21157
    - Fingerprinting completed on site day of class, cost \$55
    - Overview of Handgun Safety and Storage in the home.
    - Practical Operation and Handling Demonstration.
    - Overview of Handgun Mechanisms and Operation.
    - Fundamentals of Shooting Skills, Cleaning and Maintenance.
    - Range Time-“Live Fire” Safe Shooting Component
    - Safety Equipment
    - Firearm and Ammunition
    - Firearm Safety Reference and Study Guide
    - Certificate of Completion
    - Onsite Livescan Fingerprinting
    - Online MSP HQL Application Support
    - \*\*Certificate of Completion shall constitute proof that the applicant satisfactory completed a Firearms Safety Training Course.
    - This course is non-refundable.
    - The MSP HQL application is considered complete when the applicant satisfies the \$50 licensing fee remitted electronically to MSP. Paid separately.
    - The HQL License is valid for 10 years.
    - Fingerprints \$25 (Paid separately).
- **What to Bring:**
  - State issued ID
  - Wear comfortable, range appropriate clothing.
  - Light snacks and or beverages.
  - Completed Forms (**Please email back the State of Maryland Livescan Pre-Registration Application before class.**)

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19 N. Court St.  
Westminster, MD 21157  
(410) 707-3429

**Program Registration**

*Provide the information as recorded by the MVA / MSP*

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Maryland resident, Handgun Qualification License (HQL) #: \_\_\_\_\_

Do you currently have a valid Permit To Carry License from ANY state? ☐ Yes ☐ No

Issuing State: \_\_\_\_\_ Permit / License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Permit / License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Permit / License Number: \_\_\_\_\_

Are you a CURRENT member with a VALID ID of any of the following:

- ☐ NRA Member Number: \_\_\_\_\_  
☐ USCCA Member Number: \_\_\_\_\_  
☐ AGC Member Number: \_\_\_\_\_  
☐ Any Club Member Number: \_\_\_\_\_

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**Class Interested In Registering For**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> HQL                   | <input type="checkbox"/> Home Protection In The Home      | <input type="checkbox"/> Shotgun       |
| <input type="checkbox"/> MD Wear & Carry       | <input type="checkbox"/> Home Protection Outside The Home | <input type="checkbox"/> Rifle         |
| <input type="checkbox"/> Non-Resident Utah W/C | <input type="checkbox"/> Range Safety Officer             | <input type="checkbox"/> Muzzleloading |
| <input type="checkbox"/> Eddie Eagle           | <input type="checkbox"/> Chief Range Safety Officer       | <input type="checkbox"/> Other _____   |

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## Program Content Agreement

I, \_\_\_\_\_ acknowledge that, as a participant and student, I will have access to and gain knowledge of information, data, skills & techniques, and audio-visual recordings that have been and may still be utilized in training or operations by special operations military personnel, Special Forces military personnel, national security contractors, and law enforcement.

I, \_\_\_\_\_ attest that I am nor now under investigation by any law enforcement agency in the United States for any crime which involves incarceration for greater than 6 months if convicted. I further attest that I have never been convicted of a crime which involved a sentence of greater than 6 months, nor am I currently under indictment for a crime with sentence of greater than 6 months, if convicted; nor am I the subject of Domestic Relations Order involving violence.

\_\_\_\_\_ Furthermore, having had access to and gained knowledge of the foregoing specification, I agree to restrain from dissemination of same, for any reason and under any circumstances.

\_\_\_\_\_ Furthermore, having participated in training, I fully understand and agree that the techniques demonstrated during training, while effective for their intended use, carry a **very high risk of serious injury or death** and should not be attempted in any demonstration of these techniques by myself or others under my direction.

\_\_\_\_\_ Furthermore, I agree to only practice those skills and techniques that I personally participated in, without more extensive training under the supervision and direction of qualified instruction.

\_\_\_\_\_ Furthermore, I expressly indemnify Geared Up Firearms Training and Accessories, Inc., and the Gun Rang of choice, of any and all liabilities to include, but are not limited to, **serious injury or death** arising from participation in personal protection and firearms training.

Participant Name: \_\_\_\_\_  
First Middle Last

Federal or State ID: \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## **Photographic Media Release**

I hereby authorize **Geared Up Firearms Training and Accessories, Inc.**, hereafter referred to as "Company" to publish photographs and videos taken of me during any program or activity that I have registered for as a participant, staff, instructor candidate, instructor, and my name and likeness, for us in **Geared Up Firearms Training and Accessories, Inc.**, print, online and video based marketing materials, as well as other company publications.

I hereby release and hold harmless **Geared Up Firearms Training and Accessories, Inc.**, from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release **Geared Up Firearms Training and Accessories, Inc.**, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me, my assign, heirs, or any third party in connection with my participation.

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### **AUTHORIZATION:**

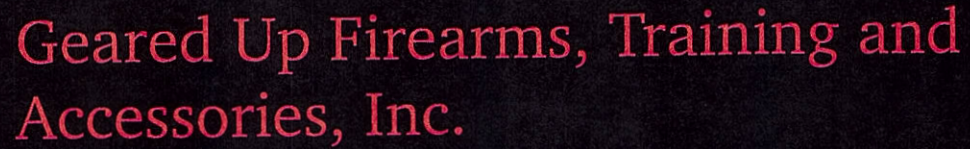
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_



Name:													
Date of birth:				SSN:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)						
Height:		ft.		inches		Weight:		lbs.		Eye Color:		Hair Color:	
Race:		<input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American		<input type="checkbox"/> Other (Please check)			
Place of Birth:							Citizenship:						
Current address:													
City:							State:			ZIP Code:			
Daytime Phone:				Exp. Date:				Driver's License #:					

Agency Authorization #: 1300004845	
ORI # (if required): MD920511Z	Reason fingerprinted? Handgun Qualification License (HQL)
Position Applied for:	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input checked="" type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Copy of Driver's License Below:**

**How did you hear about us?:** \_\_\_\_\_