



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/transfer 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 2nd & 4th 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.**)

Geared Up Firearms Training and Accessories, Inc.
19 N. Court St.
Westminster, MD 21157
(410) 707-3429

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.

AUTHORIZATION:

Printed Name: _____

Signature: _____

E-Mail Address: _____

Phone #: _____ (____) _____

Date: _____



Geared Up Firearms, Training and Accessories, Inc.

_____, 2020

LIVESCAN PRE-REGISTRATION APPLICATION			
APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)			
Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
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 <i>(Please check)</i>			
Place of Birth:		Citizenship:	
Current address:			
City:		State:	ZIP Code:
Daytime Phone:	Exp. Date:	Driver's License #:	
AGENCY INFORMATION			
Agency Authorization #: 1300004845		Reason fingerprinted? Handgun Qualification License (HQL)	
ORI # (if required): MD920511Z			
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:			

Email Address: _____

How did you hear about us?: _____