

# Geared Up Firearms Training and Accessories



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 Saturday and Sunday's, During the week all classes start at 3pm unless other arrangements have been made.

- WC classes are 16 hours these courses and times are regulated by the Maryland State Police.
  - **WC (Wear and Carry)**
  - A person may only wear and carry a firearm if they possess a valid Maryland Permit To Carry A Handgun issued by the Maryland State Police in accordance with the Firearm Safety Act of 2013. The Wear and Carry Permit Course includes a 16 hours course of instruction for INITIAL applicants by a MD State Police Certified Qualified Handgun Instructor. Prior to registering, all Initial applicants must determine whether they have a "good and substantial" reason to apply. This course also satisfies the MD Handgun Qualification License required to purchase, transfer and rent a regulated firearm.
    - Overview of State and Federal Firearm Law.
    - Practical Operation and Handling Demonstration.
    - Overview of Home Firearm Safety.
    - Fundamentals of Shooting Skills, Cleaning and Maintenance.
    - Range Time-"Live Fire" Safe Shooting Component, applicant fires live ammunition and obtains a qualifying score of 70 percent.
    - Safety Equipment
    - Firearm and Ammunition
    - Certificate of Completion
    - Onsite Livescan Fingerprinting
    - \*\*Certificate of Completion shall constitute proof that the applicant satisfactory completed a Firearms Safety Training Course.
    - This course is non-refundable.
    - The MSP WC application is considered complete when the applicant turns in the \$75 licensing fee remitted in person or by mail to MSP with a signed application
- **What to Bring:**
  - State issued ID
  - Wear comfortable, range appropriate clothing.
  - Light snacks and or beverages.
  - Forms (Please fax 667.367.2594 or email back the State of Maryland Livescan Pre-Registration Application with copy of ID)

410-707-3429

Gearedup2016@gmail.com

www.gearedupfirearmsaccessories.com

**We are cheaper !!  
then Walmart**



# Geared Up Firearms Training and Accessories, Inc.

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

- HQL
- Home Protection In The Home
- Shotgun
- MD Wear & Carry
- Home Protection Outside The Home
- Rifle
- Non-Resident Utah W/C
- Range Safety Officer
- Muzzleloading
- Eddie Eagle
- Chief Range Safety Officer
- 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: \_\_\_\_\_

# Geared Up Firearms Training and Accessories, Inc.

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## MARYLAND Carry Permit

### Who Should Apply?

Wear and Carry Permits may be issued to any adult (18 years of age or over) who meets the following criteria:

1. Has not been convicted of a felony or a misdemeanor for which a sentence of imprisonment for more than one year has been imposed; or convicted of a criminal offense for which you could have been sentenced to more than 2 years incarceration.
2. Has not been convicted of a crime involving the possession, use, or distribution of a controlled dangerous substance;
3. Is not presently an alcoholic, addict, or habitual user of a controlled dangerous substance unless under legitimate medical direction;
4. Based on an investigation, has not exhibited a propensity for violence or instability that may reasonably render the person's possession of a handgun a danger to the person or others;
5. Has a **good and substantial reason** to wear, carry, or transport a handgun, such as finding that the permit is necessary as a reasonable precaution against danger.
6. As of October 1, 2013, has successfully completed the Maryland State Police approved firearms training course within 2 year prior to submitting the original or renewal application.

### Active, Former, and Retired Maryland Law Enforcement Officers

1. **Active, Former, and Retired Maryland Law Enforcement Officers** and retired or former federal law enforcement officers, who permanently reside in Maryland and who were assigned in Maryland during their employment- as long as the application is submitted within one year from the date the officer either retired in good standing or separated in good standing and/or the officer has a valid LEOSA permit/certification/identification, the Handgun Permit Unit may accept that the applicant has a good and substantial reason to wear, carry, or transport a handgun as a reasonable precaution against the apprehended danger originating from his/her law enforcement position.
2. For retired or former federal law enforcement officers and retired or former out-of-state law enforcement officers, who permanently reside in Maryland but **were not assigned in Maryland** during their employment, LEOSA is a nationally recognized credential and a Maryland Wear and Carry Permit is not required or necessary. The Maryland Police & Correctional Training Commission (MPCTC) may serve as the certifying agency for LEOSA if eligible and the application and guidelines can be found on the MPCTC website at [mdle.net](http://mdle.net). Should you desire a Maryland Wear and Carry Permit you will be required to provide a good and substantial reason to wear, carry, or transport a handgun as a reasonable precaution against apprehended danger.

### How To Apply

As of October 1, 2013, all new and renewal applicants must successfully complete required firearms training, within 2 years, prior to submitting the application.

- The Handgun Permit Unit will only accept applications completed electronically on the PDF form(s) provided below under Documents for initial and renewal applications. Please answer all questions accurately, completely and honestly. Once completed, the PDF form should be printed, and all documentation required and clarifications you feel may assist investigators in processing your application should be included. Too much is better than too little. The application, and all applicable documents, must be signed.
- Mail the application packet to the Licensing Division at the address provided below. Allow 90 business days for the completion of the application process. If the Licensing Division does not receive the renewal application, satisfactorily completed, by the expiration date, the applicant must begin as a new applicant and complete all requirements necessary for an initial application.
- The renewal process is the responsibility of the applicant and should be started no less than 90 business days from expiration of the handgun permit. Timely renewal is the responsibility of the permit holder. **The Licensing Division does not send out renewal reminders.**
- The applicant must submit, with the application, the electronic fingerprint transmission receipt and two (2) color passport type photographs depicting the applicant from the shoulders up. The photographs must be taken within the last 30 days and should be 2 inches by 2 inches. The applicant should not be wearing a hat or sunglasses in the photograph.

### How Much Does It Cost?

- Fees must be paid by check or money order made payable to the Maryland State Police. Checks must be drawn on active accounts with sufficient funds. If the check is returned for insufficient funds or due to a closed

MD Permit To Carry  
8/2017

<http://mdsp.maryland.gov/Organization/Pages/CriminalInvestigationBureau/LicensingDivision/Firearms/WearandCarryPermit.aspx>

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account, the applicant will be required to pay for future requests of the Licensing Division by cashier's check or money order.

- Original/Initial – \$75.00 - Fingerprint Fees not included  
Renewal – \$50.00 - Fingerprints No Longer Required  
Duplicate/Modification – Total \$10.00
- Active/Retired Law Enforcement Officers of this State or a County/ Municipality – \$0.00

**Where to Mail Applications**  
Maryland State Police  
Licensing Division  
1111 Reisterstown Road  
Pikesville, MD 21208  
ATTN: Handgun Permit Unit

## When Should I Renew?

- The initial Handgun Permit expires on the last day of the holder's birth month following two (2) years after the date the permit is issued. Permits that have been modified or are a duplicate expire on the date provided on the initial permit.
- A Handgun Permit may be renewed for successive periods of three (3) years each if, at the time of an application for renewal, the applicant possesses the qualifications for the issuance of a permit and pays the renewal fee as established in the subtitle.
- The renewal process is the responsibility of the applicant and should be started no less than 90 business days from expiration of the permit. Timely renewal is the responsibility of the permit holder. The Licensing Division does not send out renewal reminders. The expiration date is on the face of the permit.
- It is the permit holder's responsibility to notify the Licensing Division of address changes, in writing, within 30 days of any change. You must mail this change to the same address as you would mail an application.

## Where are Firearms Prohibited?

Restriction on the wear, carry and transport of handguns and firearms in certain places appear throughout Maryland law and regulations. Below are statutes and regulations detailing the handgun and firearm restrictions. This list should not be considered all-inclusive.

1. On school property (CR 4-102)
2. Within 1,000 feet of a demonstration in a public place (CR 4-208)
3. In legislative buildings (SG 2-1702)
4. On an aircraft engaged in air commerce services (TR 5-1008)
5. In lodging establishments where the innkeeper reasonably believes individuals possesses property that may be dangerous to other individuals, such as firearms or explosives (BR 15-203)
6. On dredge boats (NR 4-1013)
7. In/On State public buildings and grounds (COMAR 04.05.01.03)
8. On Chesapeake Forest Lands (COMAR 08.01.07.14)
9. On State Forests (COMAR 08.07.01.04)
10. On State Parks (COMAR 08.07.06.04)
11. State Highway Rest Areas (COMAR 11.04.07.12)
12. In community adult rehabilitation centers (COMAR 12.02.03.10)
13. In child care centers, except for small centers located in residences (COMAR 13A.16.10.04)



Geared Up Firearms Training  
and Accessories, Inc.  
(410) 707-3429



\_\_\_\_\_, 2019

**ABSOLUTE**  **INVESTIGATIVE, FINGERPRINTING & SECURITY SERVICES**

**19 N. Court St. Westminster, MD 21157 (410) 857-6460**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

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

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender:  Male  Female *(Please check)*

Height: ft. inches Weight: lbs. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race:  Black  White  Asian/Pacific Islander  Native American  Other *(Please check)*

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**AGENCY INFORMATION**

Agency Authorization #: 9400082484

ORI # (if required): MD MSP6000 Reason fingerprinted? Handgun Permit

Position Applied for: \_\_\_\_\_

Request Type: *(Choose one ONLY)*

<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?:** \_\_\_\_\_



**MARYLAND STATE POLICE**  
**Licensing Division Application**

Date of Application:

Livescan PCN #:

**Please read this entire document before completing your application.** Attached is the application and forms needed to honor your individual request(s) of the Licensing Division. Please complete the attached application in strict accordance with the instructions listed below. Applications not completed correctly will be returned. Submit all applications to the Licensing Division's address below. Please do not submit the instruction information pages with your application. Processing a properly completed application may take up to 90 business days to investigate.

**The following application packet was designed for electronic completion. The form contains hidden features with sections and questions that appear or disappear based on the application types selected by the user. You must complete the application in its entirety before printing to sign and submit to the Licensing Division. This application will NOT be accepted in handwritten format. Follow all instructions and error messages as many fields have strict entry formats required of the user to accurately complete the application.**

All applicants applying for **MULTIPLE** Licenses, Registrations, Certifications, Commissions, as an Agency Firm Member, as a Corporate Officer, and for Handgun Permits issued under the authority of the Licensing Division must complete the following application. Check all licenses that the applicant wishes to use this form to apply. Attach all additional documents as instructed in the application, including appropriate photographs.

Photographs must be 2" x 2" head and shoulder passport type photographs with a white background, full face, no hat, no dark glasses. Photographs must have been taken within the preceding 30 days. Computer generated photographs are acceptable.

NOTE: Forms are no longer required to be notarized.

**IMPORTANT NOTE ON FINGERPRINT SUBMISSIONS**

All original applications require FBI and CJIS fingerprint submissions. Renewal applications only require FBI fingerprint submissions except for Handgun Permit Renewal applications. Handgun Permit renewal applications **DO NOT** require **ANY** fingerprint submissions. Fingerprints must be submitted by way of an Electronic Fingerprint Processing Center authorized by the Maryland Department of Public Safety and Correctional Services. Applications associated with fingerprints submitted by way of an Electronic Fingerprint Processing Center will require payment to the Maryland State Police for the application only - **Do not include payment for fingerprints obtained and submitted through an electronic fingerprint processing center.** The confirmation document provided by the approved Electronic Fingerprint Processing Center must be attached to the application to facilitate matching the fingerprint results to the application. Staple the confirmation in the upper left front corner of this application. Input the Livescan Receipt Number (typed or handwritten) in the field provided on the upper right corner of the application. Checks or money orders must be payable to the Maryland State Police and must be from an active account containing sufficient funds. Out of state residents applying for a Handgun Permit must submit electronic fingerprints from a Maryland State Police approved electronic fingerprint processing center. For Electronic Fingerprint Processing Center locations please visit <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

In the case of multiple certifications, only one set of fingerprints is required; however, two photographs are required for each distinct certification as well as a separate check/money order for each certification. (Example: Handgun Permit and Private Detective Registrant application requires one set of fingerprints and four (4) photos. The fees total \$90.00 submitted via two checks; one for \$75.00 for the Handgun Permit, and one for \$15 for the Private Detective Registration fee). **Electronic Fingerprint Processing Centers charge, in addition to the cost to process the fingerprint submissions, a separate processing fee.**

Submit all applications to:

**Maryland State Police**  
**Licensing Division**  
**1111 Reisterstown Road**  
**Pikesville, MD 21208**  
**(410) 653-4500 (800) 525-5555**

**MARYLAND STATE POLICE  
Licensing Division Application**

Date of Application:

Livescan PCN #:

- 
3. Foreign firms or corporations must submit a *Consent to Service* form and the Board Resolution naming the proper officer to execute it. *Not included in application packet, call for information.*

**Note:** If you employ five (5) or more people, (not including corporate officers), a copy of the General Liability Insurance Policy of \$1,000,000 (one million dollars) is required to be attached to this application.

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**Private Detective Registration-**

Fees required by the Maryland State Police:

- Private Detective Registrant - \$15.00 fee
  - Renewal - \$10.00
- 

**Security Guard Certification-**

Fees required by the Maryland State Police:

- Security Guard Certification - \$15.00 fee
  - Renewal - \$10.00
- 

**Security Systems Agency License and Agency Firm Member(s)-**

Maryland Companies - original:

1. A copy of the Articles of Incorporation if applicable.
2. General Liability Insurance Policy for at least \$50,000.
3. Copies of certifications of any specialized training related to Security Systems sales, service and installation.
4. Fees Required:
  - Individual Licensee - \$100.00
  - Agency Firm Members - \$0
  - Agency Renewal - \$100.00
  - Agency Firm Member Renewal - \$15.00

(Corporate officers need not apply until the company has been approved)

Out-of-State Companies - original: (the below applies to those states that have reciprocity)

1. A copy of the License and Identification Card issued by the reciprocal state.
2. General Liability Insurance Policy for at least \$50,000.
3. Copies of certifications of any specialized training related to Security Systems sales, service, and installation.
4. Fees Required:
  - Individual licensee \$100.00 (does not include background check fee)

(Corporate officers need not apply until the company has been approved)

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**Security Systems Registration-**

(Monitor, Salesperson, Technician and persons having access to circumventing information)

Fees required by the Maryland State Police:

- Security System Registration - \$15.00 fee
- Renewal - \$15.00

Additional documents required:

- Include copies of certifications of any specialized training related to Security Systems sales, service, and installation.
- 

**Out of State Registration for Security Systems-**

As a Monitor, Salesperson, Technician and persons having access to circumventational information: (Must be reciprocal with Maryland with background check every two (2) years).

Attach a copy of the License / Registration issued by the reciprocal state.

Fees Required:

- Out-of-State Registration - \$15.00 (does not include background check fee).
-



**MARYLAND STATE POLICE**  
**Licensing Division Application**

Date of Application:

Livescan PCN #:

12. Have you ever been CONVICTED of a violation of any criminal law?  Yes  No

13. Have you ever been served with a criminal summons?  Yes  No

14. Are you currently on parole or probation or mandatory supervision?  Yes  No

15. Have you ever been confined or committed, including voluntary commitment, to a mental institution or hospital for treatment of a mental disorder or disorders?  Yes  No

16. Are you addicted to, or have you ever been, or are you currently being treated for alcoholism?  Yes  No

17. Are you addicted to or have you ever been addicted to controlled dangerous substances?  Yes  No

18. Are you currently being treated, or have you ever been treated, for an addiction to controlled dangerous substances?  Yes  No

19. Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer)  Yes  No

20. Has your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction ever been denied, suspended, revoked, or terminated?  Yes  No

21. Have you ever been a member of the United States Armed Forces? If so, attach a copy of DD-214/ Discharge papers.  Yes  No

22. Are you an armored car guard?  Yes  No

23. Reason for a Handgun Permit (Be Specific):

**MARYLAND STATE POLICE  
Licensing Division Application**

Date of Application:

Livescan PCN #:

List all current and past employers for the last five (5) years:

Name of Employer:	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Dates of Employment: _____		
Employer Address:	City:	State:      Zip Code:
Position/Job Duties:		
Reason for Leaving:		
Supervisor's Name:	Phone Number:	

Name of Employer:	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Dates of Employment: _____		
Employer Address:	City:	State:      Zip Code:
Position/Job Duties:		
Reason for Leaving:		
Supervisor's Name:	Phone Number:	

Name of Employer:	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
Dates of Employment: _____		
Employer Address:	City:	State:      Zip Code:
Position/Job Duties:		
Reason for Leaving:		
Supervisor's Name:	Phone Number:	

**MARYLAND STATE POLICE**  
**Licensing Division Application**

Date of Application:

Livescan PCN #:

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Attach photographs of applicant (Two 2" x 2" square, light background, head & shoulder full face, no hat, no dark glasses) taken within 30 days preceding the filing of this application. Can be computer generated.  
**You MUST attach photographs to this application before submission.**

GEARED UP

**MARYLAND STATE POLICE  
Licensing Division Application**

Date of Application: \_\_\_\_\_

Livescan PCN #: \_\_\_\_\_

**Licensing Division References**

Applicant's Name

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pursuant of the provisions of Maryland Law, submit the names of at least 3 reputable citizens who have known you, the applicant, for more than two (2) years, and **are not related in any way to you, the applicant.**

**Reference #1**

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

**Reference #2**

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

**Reference #3**

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

**Reference #4**

**Full Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

MARYLAND STATE POLICE  
Licensing Division Application

Date of Application:

Livescan PCN #:

Authorization of Release of Information

I, \_\_\_\_\_  
Last First Middle Date of Birth: Race: Sex:

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

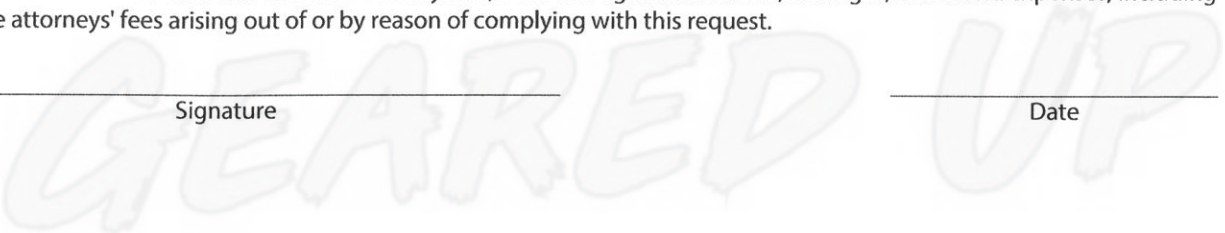
do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature concerning this applicant. The intention of this authorization is to provide information, which will be utilized, for investigative resources material for the purpose of processing this application.

I authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigations reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; of complaints of a civil nature made by or against me, for the internal purposes of the Licensing Division, Department of the State Police.

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.

I agree to indemnify and hold harmless the person to whom this request is presented, his agents and/or employees, the Secretary and the Department of the State Police and the State of Maryland, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

\_\_\_\_\_  
Signature Date



I do hereby declare and affirm under penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing below in the designated space. I agree to supply any additional information requested. **FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THE APPLICATION AND/OR CRIMINAL PROSECUTION WHICH CARRIES A PENALTY OF IMPRISONMENT NOT EXCEEDING 1 YEAR AND/OR \$1000 FINE.**  
Warning: Any person who willingly makes false statements on this application is guilty of a misdemeanor.  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION: Submission of this application DOES NOT permit you to wear, carry, or transport a handgun. You must possess a valid handgun permit.**



# Geared Up Firearms Training and Accessories, Inc.

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(410) 707-3429

## Maryland Handgun Permit Application Supplemental

### Pertinent to YOUR business.

- Read MSP SOP- Processing Handgun Permit Applications
- DD214
- Check/Money Order Payable to MSP \$75 (Initial)
- Check/Money Order Payable to MSP \$50 (Renewal)
- Check/Money Order Payable to MSP (\$15/\$10) (\$\_\_\_\_\_.00)
- Certificate of Incorporation / Business License
- Sales Use Tax Certificate (If you have this)
- At least 10 Bank Deposits for your services rendered
- At least 6 Vendor/Merchant receipts (BGE, Phone, Rent, ect.)
- Copies of Business Card or Specialized License(s)
- Bank Statements (current full month) (Do Not include account numbers)
- Notes:**

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MARYLAND STATE POLICE  
Handgun Permit Section  
1111 Reisterstown Road  
Pikesville, MD 21208

To Whom It May Concern:

The \_\_\_\_\_ requests that the following  
employee be processed for a Maryland Handgun Permit.

Name of Employee: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

- Duties:
- |  |  |
|--|--|
| <input type="radio"/> Uniformed Security Guard     | <input type="radio"/> Armored Car Driver / Guard |
| <input type="radio"/> Plain Clothes Security Guard | <input type="radio"/> Accounting / Banking       |
| <input type="radio"/> Private Detective            | <input type="radio"/> Office Manager / Director  |
| <input type="radio"/> Special Police               | <input type="radio"/> Other: _____               |

- Weapon Ownership:
- |                                |  |
|--------------------------------|--|
| <input type="radio"/> Employee | <input type="radio"/> Agency / Company |
|--------------------------------|--|

- Weapon Maintained During Off Duty Hours:
- |   |  |
|---|--|
| <input type="radio"/> Agency / Company Office   | <input type="radio"/> Employee's Residence |
| <input type="radio"/> Agency / Company Job Site |  |

- Security Guard / Private Detective / Special Police:
- Security Guard Clearance Application Date Submitted: \_\_\_\_\_
  - Security Guard Clearance I.D. Card #: \_\_\_\_\_
  - Security Guard Clearance I.D. Date Transferred: \_\_\_\_\_
  - Temporary Private Detective License Date Issued: \_\_\_\_\_
  - Private Detective I.D. Card #: \_\_\_\_\_
  - Special Police Application Date Submitted: \_\_\_\_\_
  - Special Police Commission (Photo Copy) Attached: \_\_\_\_\_

Our Employee's Signature below will signify that they are fully knowledgeable of  
Maryland Law and \_\_\_\_\_ rules and regulations concerning  
the wearing, carrying, or transporting of firearms.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_

Supervisor's Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Please provide a business card if available)