



**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](mailto: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 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> 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

	<b>MARYLAND CAPITOL POLICE ID REQUEST FORM</b>	<input type="checkbox"/> State Employee <input type="checkbox"/> Non Employee <input type="checkbox"/> Contractual <input type="checkbox"/> Temp <input type="checkbox"/> Reg-Lobbyist <input type="checkbox"/> N-Lobbyist <input type="checkbox"/> LGO <input type="checkbox"/> Media <input type="checkbox"/> Contractor
	<input type="checkbox"/> New <input type="checkbox"/> Damaged <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Name Change	

**SECTION B.**

**1. STATE EMPLOYEE/CONTRACTUAL EMPLOYEE/NON-EMPLOYEE/ TEMP, COMPLETE THIS SECTION TO IT'S ENTIRETY. ONLY THE (AUTHORIZED) ID COORDINATOR WILL PRINT, SIGN AND DATE IN THE ID COORDINATOR SECTION BEFORE THE APPLICATION IS SUBMITTED.**

<b>APPLICANT INFORMATION: ATTACH COPY OF APPLICANT'S DRIVER'S LICENSE – (Make sure photo is clear and light enough to identify the individual)</b>			
Name(Print):	Last: _____	First: _____	Middle: _____
Date of Birth:	Race:	Sex:	SSN#: (last four) _____
Driver's License #	State:	Phone #: (Home/Cell)	_____
Home Address: _____			
<b>STATE EMPLOYEE INFORMATION:</b>			
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

Name	Address	City	State	Zip

I hereby authorize a review and full disclosure of all criminal records, or any part thereof, concerning myself by 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 or prosecutive purposes.

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 resulting from this request.

I further understand that in the event my application is disapproved, the source 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.

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