

AGENCY/COMPANY NAME: Protocol Security Agency
ADDRESS: 8633 Cherry Lane, Suite #1D
CITY, STATE, ZIP #: Laurel, Maryland 20707
PHONE #: 202-628-6666

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

Dear Sir:

The (Agency/Company Name) requests that the following employee be processed for a Maryland Handgun Permit.

Name of Employee: _____

Social Security #: _____

Driver's License #: _____

- Duties: Uniformed Security Guard
 Plain Clothes Security Guard
 Private Detective
 Special Police
 Armored Car Driver/Guard

- Weapon Ownership:
 Employee
 Agency/Company

- Weapon Maintained During Off Duty Hours:
 Agency/Company Office
 Agency/Company Job Site
 Employee's Residence

- 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 (Agency/Company) rules and regulations concerning the wearing, carrying, or transporting of firearms.

Applicant's Signature: _____ Date: _____
Supervisor's Signature: _____ Date: _____