CENTRAL STRONGT	MARYLAND CAPITOL POLICE ID REQUEST FORM					State Employee Non-Employee Contractual Temp  Reg-Lobbyist N-Lobbyist LGO Media Contract			
POLICE	New	Damaged	Stole	en Lost		Renewal	Transfer	Name Change	
APPLICANT INFO	ORMATIO	N: ATTACH COP	Y OF APPLICA	ANT'S DRIVER'S I	LICENSE – (	Make sure phot	o is clear and light e	nough to identify the individual)	
Name(Print): Las	st:			First:	l		Middle:	:	
Date of Birth:		Rac	ə:	_ Sex:	_ SSN#: (la	ast four)			
Driver's License # _				State:	Phone	e #: (Home/Cell)			
Home Address:									
STATE EMPLOY	EE INFOR	RMATION:						•	
Agency / Employer:	:								
	ess:								
ID Coordinator:		PRINTED FULL NA	AME	Signature:		ID COORDINA	TOR MUST SIGN APPLICAT	TON Date:	
•			•					Police" - NO CASH ACCEPTED)	
	-			Email/Fax:					
					Task:				
Agency/Sponsor	Name/Title	e:							
Agency/Sponsor	Signature	:				Phone	e:		
LOBBYIST / NON	-LOBBYI	ST INFORMAT	ION:						
(Lobby	yist: \$50.00	payable by CHEO	CK / MONEY O	RDER OR CREDI	T CARD - pa	yable to: "Mary	land Capitol Police"	- NO CASH ACCEPTED)	
Curr	rent State	Ethics Registra	tion Attache	d: Yes N	<b>o</b> (C	OMAR 19A.07.	01.04 Registration w	rith Commission)	
PREFFERED ID	PICKUP I	LOCATION:		ANNAPOLIS	ВА	LTIMORE			
Applicant Sign	nature:						Date:		
	e accepted a	nd should be payab	le to: "Maryland	Capitol Police." CA	SH WILL NO			<b>\$250.00</b> . Only Checks, money orders, Maryland Driver's License, Maryland	
For Office Use O	nly: Ap	proved	Disapprove	ed Revie	wing Offic	er's Signature:			
Date of Request:		Ca	ard #: FRONT						
Credit Card	Chec			t					

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

SCPC Signature: \_\_\_