

**Maryland Police & Correctional
Training Commissions**

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • Fax: (410) 875-3405

MPCTC USE ONLY

Date Received:

Certification Number:

Date Certified:

APPLICATION FOR POLICE CERTIFICATION

APPLICANT (Please Type or Print clearly in Ink only):

Last Name:

MI:

First Name:

Maiden/Former Name:

Date of Birth:

Certification Number:

Date of Appointment:

Agency Name:

Agency Code:

THIS APPLICATION IS FOR:

Original Certification in Maryland

Re-Certification

If re-certification within 90 days of separation from previous MD Police agency refer to COMAR 12.04.01.08B(1), .15 and .16.

If re-certification over 90 days of separation from previous MD Police agency refer to COMAR 12.04.01.08B(2), .15 and .16.

Was applicant ever employed as a police officer in another state?

Yes

No

If yes, enter name of state(s): _____

Rank Title:

Entry Level

Above 1st Line Supervisor

Above 1st Line Administrator

1st Line Supervisor

1st Line Administrator

SECTION #1 – AGE REQUIREMENT (COMAR 12.04.01.04A)

Applicant is 21 years old or older.

SECTION #2 – CITIZENSHIP STATUS (COMAR 12.04.01.04B)

U.S Citizen:

Place of Birth : _____

Naturalized Citizen:

Date: _____ Number: _____

SECTION #3 – SPECIAL POLICE COMMISSION (COMAR 12.04.01.05A)

Applicant has a Special Police Commission by the State of Maryland

Number: _____ Expiration date: _____

SECTION #4 – EDUCATION (COMAR 12.04.01.04C)

High School Diploma/Transcript or College Transcript or: Name of School: _____ Date: _____

Equivalency Certificate (GED) or: Name of School: _____ Date: _____

Military GED: Name of School: _____ Date: _____

SECTION #5 – SUBSTANCE ABUSE BY APPLICANT (COMAR 12.04.01.16)

Meets prior drug use standards.

(any Supplemental information must be submitted to MPCTC)

Polygraph or voice examiner _____

Date _____

Last Name: _____

MI: _____

First Name: _____

SECTION #6 – PHYSICAL EXAMINATION (COMAR 12.04.01.04F)

Physically fit to perform duties of a Law Enforcement Officer:

Name of certifying professional : _____ Date: _____

Mentally fit to perform duties of a Law Enforcement Officer:

Name of certifying professional : _____ Date: _____

SECTION #7 – DRUG SCREENING (COMAR 12.04.01.15)

Drug Screening successfully completed.

_____ Name of testing laboratory

_____ Date

SECTION #8 – CRIMINAL HISTORY (COMAR 12.04.01.05B)

Local check may be by N.C.I.C, all others by fingerprints:

FBI Date: _____ **State** Date: _____ **Local** Date: _____

SECTION #9 – MILITARY SERVICE (COMAR 12.04.01.05A)

Current military status (type of discharge if applicable): _____

No military service history – confirmed by (name of investigator): _____

SECTION #10 – DRIVING HISTORY (COMAR 12.04.01.04I)

Valid Operator’s License #: _____

State of issue: _____ **Review of Operator Record**

SECTION #11 – CREDIT HISTORY (COMAR 12.04.01.05A)

Credit agency report: Credit agency name: _____ Date: _____

SECTION #12 – INTERVIEWS AND CONTACTS (COMAR 12.04.01.05A)

A minimum of 1 person must be interviewed/contacted in each category.

Oral interview with employing agency: Name: _____ Date: _____

Personal references: Name: _____ Date: _____

Current/Prior employer (within last 5 years): Name: _____ Date: _____

Neighbors (within last 5 years): Name: _____ Date: _____

Current/Past co-workers (within last 5 years): Name: _____ Date: _____

School background: Name: _____ Date: _____

No school contact because more than 5 years has elapsed since last school attendance.

If additional contacts were made please attach a separate sheet with names, dates and for which category they were contacted and check here .

SECTION #13 – REAPPOINTMENTS (COMAR 12.04.01.08)

A brief explanation as to the circumstances surrounding the departure of the applicant from a previous Police agency. Full detail must be maintained in the applying agency’s background investigation file.

Name of former agency: _____ Date: _____

Name of person contacted at former agency: _____ Date applicant left: _____

Explanation: _____

If additional space is needed attach a separate sheet with additional information and check here .

I hereby affirm that the information provided in this Application for Police Certification is true and accurate to the best of my knowledge and contains no willful misrepresentation or falsification. I am aware that any misrepresentation or falsification of this information may subject me to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606.

Agency Representative: _____ Signature: _____ Date: _____