



Police and Correctional Training Commissions
 6852 4th Street Sykesville, Maryland 21784
 (410) 875-3400 TTY FOR THE DEAF (800) 735-2258

**APPLICATION FOR
 APPROVAL OF POLICE AUXILIARY OR RESERVE VOLUNTEER PROGRAM**

(Print all information)

Agency Name: _____ **Agency Code:** _____

Agency Address: _____

Agency Contact Person: _____ **E-mail:** _____

Telephone Number: (____) _____

Name of the Agency's Police Auxiliary or Reserve Volunteer Program for which Approval is requested:

In accordance with Tax General Article, §10-208, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 12.04.07, this Application is submitted by the above referenced Agency, requesting Police Training Commission approval of the Police Auxiliary or Reserve Volunteer Program noted above. The application for approval of this Program is made as a prerequisite for volunteer members who participate in the Program to be eligible to apply for the Maryland income tax subtraction modification, if they otherwise meet the requirements of Tax General Article, § 10-208 and COMAR 12.04.07.

In support of this Application, the undersigned authorized official of the above referenced Agency represents to the Police Training Commission that the Police Auxiliary or Reserve Volunteer Program for which Approval is requested meets the following requirements of Tax General Article, § 10-208 and COMAR 12.04.07 (please initial space before each of the following statements):

_____ Each individual who participates in the Program is required by the Agency to complete an orientation or training program before the Agency approves the individual to participate in the Program;

_____ Each individual who participates in the Program is approved by the Agency;

_____ The Agency maintains a list of the individuals approved by the Agency to participate in the Program;

_____ The Agency maintains records on each individual who participates in the Program, including the number of service hours that each individual provides to the Program and other information required by law (e.g. Tax General Article, § 10-208 and COMAR 12.04.07);

_____ Each individual who participates in the Program does not receive any compensation for the participation, other than nominal expenses or meals;

_____ The Agency will comply with the reporting requirements of Tax General Article, § 10-208 and COMAR 12.04.07; and

_____ The Program is incorporated into the Agency's rules and regulations, or otherwise officially recognized (e.g. ordinance or other law). **A COPY OF THE AGENCY'S RULES AND REGULATIONS PERTAINING TO THE PROGRAM, OR OTHER OFFICIAL RECOGNITION OF THE PROGRAM MUST BE SUBMITTED WITH THIS APPLICATION.**

 Printed Name of Authorized Agency Official

 Signature of Authorized Agency Official

 Date

Submit this completed form to: **Deputy Director**
Police and Correctional Training Commissions
6852 Fourth Street
Sykesville, Maryland 21784

FOR MPCTC USE ONLY – Approved by the Deputy Director: _____

Deputy Director's Signature

Date of Program Approval: _____

Program Approval Expiration Date: _____