

Maryland Police and Correctional Training Commissions 6852 4 th Street, Sykesville, MD 21784 • (410) 875-3400 Mail to: MPCTC.Certifications@maryland.gov	MPCTC USE ONLY	
	Fingerprint Review:	
	Firearms Complete:	
	Certification Number:	
		Date Certified:

APPLICATION FOR POLICE CERTIFICATION

APPLICANT (Please Type or Print clearly):

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 (Complete Sections 1-12)
 Re-Certification (Complete Sections 5, 6, 7, 8, 10 and 13)
 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 (COMAR 12.04.01.13)

Rank/Title: _____
 Entry Level
 1st Line Supervisor
 Above 1st Line Supervisor
(if above Base Level)
 1st Line Administrator
 Above 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 :* _____ **or**
 Naturalized Citizen: *Date:* _____ *Number:* _____ **or**
 Permanent Legal Resident: *Date:* _____ *Number:* _____ **and**
 Has applied for US Citizenship: *Date:* _____ *(complete Section #9).*

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 of exam: _____

Mentally fit to perform duties of a Law Enforcement Officer:

Name of certifying professional: _____ Date of exam: _____

SECTION #7 – DRUG SCREENING (COMAR 12.04.01.15)

Drug Screening successfully completed. _____
Name of testing laboratory Date of exam.

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): _____ Date: _____

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

SECTION #10 – DRIVING HISTORY (COMAR 12.04.01.04I)

Valid Operator’s License #: _____

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

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 (if applicable): 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 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 under penalty of perjury 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 is a basis for rejection or revocation of certification by the Commission and may subject me to separate administrative or legal action, including, but not limited to prosecution pursuant to MD. Code. Ann., Crim. Law §8-606 and/or §9-101.

Agency Representative: _____ Signature: _____ Date: _____

Phone: _____ Email address for contact: _____