

**Maryland Police and Correctional  
Training Commissions**

6852 4<sup>th</sup> 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 1<sup>st</sup> Line Supervisor                       Above 1<sup>st</sup> Line Administrator  
 1<sup>st</sup> Line Supervisor                       1<sup>st</sup> 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: \_\_\_\_\_