



Maryland Capitol Police
ID REQUEST FORM

Name (Print) Last : _____ First : _____ MI: _____ Date Of Birth : _____

Agency / Employer : DHMH Last four numbers of Social Security Number : _____

Division / Office : _____ Office Phone #: _____

Security by Pass: Justification: _____

Granted: Yes: No:

Temporary Employee: Yes No Expiration Date: _____

To Be Completed By MCP

Level: 1 2 3 4 5 Gym: Yes: No:

Required Prox. Access:

Annapolis State House: Miller: Lowe: Legislative Services: Revenue: Data Center: Treasury:

Shaw House Jeffery General Services: 45 Calvert: Archives: Court Of Appeals: Tawes C Pod Handicap Ent:

Tawes Day Care: Tawes A Pod: Sweeney: 50 Community Place: 100 Community Place:

Parking: Miller Garage: _____ Hunter Garage:

Baltimore: 201 W. Preston St: 300 West Preston St.: 301 W. Preston St: 2100 Guilford: 201 St. Paul St:

310 W. Saratoga St: 311 W. Saratoga St: 530 Hilton St: 511 Hilton St.: 6 St. Paul St

500 Calvert St. Commissioners garage:

Authorized to carry a firearm as a Maryland Law Enforcement Officer? Yes No

State law, Code of Maryland Regulations, COMAR 04.05.01.03B says: "Except for official purposes and by authorized personnel, an individual on the property may not carry open or concealed firearms, explosives, incendiary devices, or dangerous or deadly weapons." Under COMAR 04.05.01.01A, "property means State public buildings, improvements, grounds, and multiservice centers under the jurisdiction of the Department of General Services."

Employee State ID card: New Damaged Lost Transfer Name Change Renewal Stolen

Replacement cost for any category of lost State ID card is **\$50.00**. **Replacement** cost of **2nd lost** card is **\$100.00** **3rd lost** **\$250.00 only Checks or money orders** will be accepted and should be payable to: **Dept. Of General Services. CASH WILL NOT BE ACCEPTED.** *A photo ID, such as a Maryland Driver's license, Maryland MVA identification card, Passport, or Current Military ID card must be shown to process this request.*

Applicant Signature: _____ Date: _____

Dept. / Agency ID

Coordinator Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Supervisor's Signature _____ Print Name _____

For Office Use Only:

SCPC Coordinator Signature _____ Date: _____

SCPC Signature _____ Date: _____

Date of Request: _____ Card #: _____ Inv. # _____

Agency Pay Check Money Order Amt: _____ Document #: _____