

**Maryland Police and Correctional  
Training Commissions**

6852 4<sup>th</sup> Street, Sykesville, MD 21784 • (410) 875-3400

Please forward via email to:  
**MPCTC.Certifications@maryland.gov**

**MPCTC USE ONLY**

**FP Review Completed:**

**Firearms Complete:**

**Certification Number:**

**Marijuana Attribute Added**   
*(If applicable)*

**PROV**  **TEMP**

**Date Certified:**

**APPLICATION FOR CERTIFICATION FOR POLICE OFFICER**

**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:**

**Original Certification in Maryland** (Complete Sections 1-12)       **Re-Certification** (Complete Sections 5, 6, 7, 8, 10, 12 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:**

Entry Level

1<sup>st</sup> Line Supervisor

1<sup>st</sup> Line Administrator

Above 1<sup>st</sup> Line Supervisor

Above 1<sup>st</sup> Line Administrator

2<sup>nd</sup> In Command

**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: \_\_\_\_\_

**Permanent Legal Resident:**

Date: \_\_\_\_\_ Number: \_\_\_\_\_ **and**

**Pending application for U.S. Citizenship:** Date: \_\_\_\_\_ (Indicate in Section #9 -Must have an Honorable Discharge from Military)

**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** Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

**College Diploma/Transcript or:** Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

**Equivalency Certificate (GED) or Military GED:** Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION #5 - PRIOR SUBSTANCE USE BY APPLICANT (COMAR 12.04.01.16)**

**Meets prior drug use standards excluding Marijuana**

Any Supplemental information must be submitted to MPCTC \_\_\_\_\_  
Truth Verification Device Examiner \_\_\_\_\_ Date \_\_\_\_\_

**Meets Marijuana standards 12.04.01.16 G (1) (b). Must select one**

**Candidate never used Marijuana**

**3 year plus since last use of Marijuana.**

**Less than 3 years but not less than 12 months since last use of Marijuana: Date of Last Use (required)** \_\_\_\_\_

If applicable Employee and Agency aware of Drug Testing Mandate  \_\_\_\_\_ Date of last use \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

Truth Verification Device Examiner \_\_\_\_\_ Date \_\_\_\_\_

Last Name:

MI:

First Name:

**SECTION #6 – PHYSICAL AND MENTAL HEALTH EXAMINATION (COMAR 12.04.01.04F)**

**Physical Agility Assessment Completed:** *Date of assessment:* \_\_\_\_\_

**Physical Health Screening** (*Found fit to perform duties of a Law Enforcement Officer*)  
*Name of certifying professional:* \_\_\_\_\_ *Date of Screening:* \_\_\_\_\_

**Psychological Evaluation Completed:**  
*Name of certifying professional:* \_\_\_\_\_ *Date of Screening:* \_\_\_\_\_

**SECTION #7 – DRUG SCREENING (COMAR 12.04.01.15)**

**Drug Screening** *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 fingerprinting. Proof of Criminal History Check to be maintained at the agency:**

**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 RECORD (COMAR 12.04.01.04I)**

**Valid Operator’s License #:** \_\_\_\_\_  **State of issuance** \_\_\_\_\_

**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:* \_\_\_\_\_

**Current/Prior Law Enforcement Employer(s)** *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Current/or other Prior employer** (within last 5 years): *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Current/Past co-workers** (within last 5 years): *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Personal references:** *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Neighbors** (within last 5 years): *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**School background** (*within last 5 years*): *Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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. The individual verifying the separation is also affirming that the officer’s prior disciplinary record was explored and addressed during this background process to include verification that were no convictions for felony offenses or perjury or misdemeanor relating to truthfulness and veracity; and were not previously fired or resigned while being investigated for serious misconduct or use of excessive force.**

*Name of former agency:* \_\_\_\_\_ *Date Applicant left:* \_\_\_\_\_

*Name of person contacted at former agency:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Explanation:* \_\_\_\_\_

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

I solemnly affirm under penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief. 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. **Check box below to acknowledge that any and all supplemental information has been submitted to the Maryland Police and Correctional Training Commission’s Certification Unit.**

Agency Head or Appointing Authority Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address for agency contact: \_\_\_\_\_