



Maryland Police & Correctional Training Commissions

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • MPCTC.certifications@maryland.gov

NOTICE OF FIREARMS AUTHORIZATION FOR CORRECTIONAL PERSONNEL

Please Type or Print clearly

Applicants Last Name:		MI:		First Name:	
Certification Number:				Date of Action:	
Agency Name:				Agency Code:	

I. Initial Authorization:

The above mandated officer has been authorized to carry/use a departmental firearm(s) effective _____.

NOTE: “The Correctional Training Commission Regulations, COMAR 12.10.01.16B, states: “A mandated employee, authorized to carry or use a firearm, shall complete Commission approved firearms training and qualification under COMAR 12.10.04 during each calendar year.” PLEASE SUBMIT ALL ENTRANCE LEVEL FIREARMS QUALIFICATION SCORES FOR THE ABOVE INDIVIDUAL.

II. Authorization Withdrawn:

The above mandated officer is no longer authorized to carry/use a departmental firearm(s) effective _____.

III. Firearms Removal for Failure of Annual Qualification Standard:

The above mandated officer has failed to qualify with the authorized firearm(s) during calendar year _____. The authorization to carry/use the firearm has been withdrawn effective _____. This agency has removed the firearm(s) until the agency reports the officer’s successful re-qualification, COMAR 12.10.01.17B.

IV. Firearms Re-Authorization for Annual Qualification Standard:

The above mandated officer has re-qualified within three years and has been re-authorized to carry/use a departmental firearm(s) effective _____.

NOTE: “The Correctional Training Commission Regulations, COMAR 12.10.01.16B, states: “A mandated employee, authorized to carry or use a firearm, shall complete Commission approved firearms training and qualification during each calendar year.” PLEASE SUBMIT ALL FIREARMS QUALIFICATION SCORES FOR THE ABOVE INDIVIDUAL. Failing to re-qualify within three years will result in the need for ENTRANCE LEVEL FIREARMS TRAINING and re-submission for initial authorization.

NOTE: Information submitted to MPCTC is subject to the Public Information Act (State Gov’t Art. §10-611 et seq.), and is not bound by agreements made by law enforcement units, mandated personnel, or others about the confidentiality of this information.

I hereby affirm that the information provided on this form 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.

_____ Name / Title	_____ Signature	_____ Date
_____ Contact email	_____ Phone number	