



Company Name

Company Mailing Address (NO P.O. BOX)

Phone Number

Company Email

We hereby request an Agency Identifier for _____.

Company Name Here

The following individuals are authorized to sign any Instructor or Program Applications, Course Certificates or validate the training (minimum of 2 persons):

The Maryland **business** address where the training will be held is:

_____.

Must check to acknowledge: I am aware that audits will be conducted at the above training location address and I will notify the Commission if my training location changes. I acknowledge that I must maintain all training records for all classes for a minimum of 5 years. This includes all lesson plans, sign-in rosters, tests and certificate copies.

Must check to acknowledge: I hereby acknowledge that no firearms, weapons or tactical training may be taught or a part of any approved Security Guard training/course.

Primary Agency Contact Name

Primary Agency Contact Email

Primary Agency Contact Signature
(Digital signature accepted)

Date

Please return this form to MPCTCcertifications.DPSCS@maryland.gov or contact (410) 875-3604 or (410) 875-3407.