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, other tools or weapons or defensive tactics hands-on training may be taught or a part of any approved Special Police Officer training/courses.

_____ _____
Primary Agency Contact Name Primary Agency Contact Email

_____ _____
Primary Agency Contact Signature Date
(Digital signature accepted)

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