

MARYLAND STATE POLICE REGULATED FIREARMS COLLECTOR APPLICATION AND AFFIDAVIT

Tracking # _____

Instructions

Type or legibly print all required information. Incomplete or illegible applications will be disapproved. Ensure that this application is notarized. Submit the complete application by first class mail to the Firearms Registration Section, 1111 Reisterstown Road, Pikesville, Maryland 21208.

Code of Maryland Regulations

Type Code of Maryland Regulations defines a collector as being an individual who:

- (a) Devotes time and attention to acquiring certain types of regulated firearms for the enhancement of the collector's personal collection and does not act as a firearms dealer; or
- (b) Possesses a Federal Collector's License (Curio and Relics).

Applicant Information

Driver's ID#: _____ **State:** _____ **Social Security #** _____ - _____ - _____

Name Last: _____ **First:** _____ **Middle:** _____ **Suffix:** _____

Street Address: _____ **Check if Baltimore City Resident** _____

Town/City: _____ **County:** _____ **State:** _____ **Zip:** _____

DOB: _____ **Place of Birth:** _____ **Country:** _____ **Height:** _____ **Weight:** _____
Month Day Year

Race: _____ **Sex:** _____ **Eyes:** _____ **Hair:** _____ **Occupation:** _____

Phone: Home (____) _____ - _____ **Work** (____) _____ - _____

Describe nature of collecting activities: _____

Below For Maryland State Police Use Only

Date form forwarded: _____ **Date form received:** _____

Current disposition date: _____ **Current disposition:** _____

Signature of approving official: _____ **Comments:** _____

Certification

I CERTIFY UNDER THE PENALTY OF PERJURY that the information provided by me and contained in this application is true and correct:

Applicant's Signature: _____

Date: _____

Notary Public Certification

I hereby certify that on this _____ day of _____, _____, before me, the subscriber a Notary Public of the State of Maryland.
(Day) (Month) (Year)

In and for the County of _____, personally appeared and made oath in due form of

Law that the answers provided in this application are full, complete, correct, and true to the best of his/her knowledge, information, and belief.

Notary Public Signature

My Commission Expires: _____

Address: _____ Affix Official Seal: