

SECTION 3. REQUIRED INFORMATION

(Circle Yes or No)

Have you ever been convicted of a felony or misdemeanor in any State, District of Columbia or Federal court?

YES NO

Have you ever had this type of license denied, suspended, or revoked by Maryland, any other state or the District of Columbia?

YES NO

If you have answered yes to any of the above questions, you must submit :

- A typed or clearly printed letter giving a complete explanation of the incident(s)
- A true test copy of the applicable court document(s)
- A copy of the final order in your case(s)

SECTION 4. BUSINESS INFORMATION

List the following information for your place of business (this address will appear on your license and must be the address where you transact business with the public in Maryland):

Business Name: _____

Trading As or
Doing Business As: _____
(If necessary)

Fixed Business Address: _____

| | | |
|-----------------|-------|---------|
| CITY AND COUNTY | STATE | ZIPCODE |
|-----------------|-------|---------|

Business Telephone Number: _____ Fax Number: _____

Business Email Address: _____ Federal ID Number: _____

Please list any previous address from which business was conducted during the last 36 months (attach additional sheets if necessary):

CERTIFICATION

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of certifying my qualifications for licensing; and

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief. I understand that willfully making a false statement on an application is a misdemeanor subject to a fine or imprisonment under the Act. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

Signature of Applicant: _____ Date Signed: _____

MARYLAND LOCKSMITH LICENSING PROGRAM
1100 N. Eutaw Street, Room 121
Baltimore, Maryland 21201
Phone: 410-230-6159 Email: DLOPLLocksmiths-labor@maryland.gov

OFFICE USE ONLY
APPROVED _____
DENIED _____
Date: _____

