

LOCKSMITH BUSINESS APPLICATION FOR ORIGINAL LICENSE

SECTION 1. APPLICATION INFORMATION

To apply for a locksmith license on behalf of your corporation (INC. or CORP.), partnership, limited liability corporation (LLC), limited liability partnership (LLP), or sole proprietorship, you must:

- Be eighteen years of age or older.
- Complete this application.
- Report any addresses from which you conducted business during the prior 36 months if different from the fixed business address under which this application is being filed.
- Separately, apply to the Criminal Justice Information System Central Repository (CJIS) for a Federal and State criminal history records check. To accomplish this, you must be fingerprinted. (See Section 6). Please provide a copy of the fingerprinting receipt with the application.
- For corporations only:
 - Provide a copy of the Articles of Incorporation.
 - Obtain a Certificate of Good Standing from the Maryland State Department of Assessments and Taxation.
- File a Report of Employee and receive approval for each employee who provides locksmith services on behalf of your business. All employees who perform locksmith services are required to undergo a criminal background check and obtain completed fingerprint cards.
- On the last page, in the space provided, please attach a passport-sized photo of the owner/ designee.

SECTION 2. APPLICANT OWNER OR DESIGNEE / PERSONAL INFORMATION

Full Name:						
	LAST		FIRST		MI	
Mailing Address:						
	CITY AND COU	NTY		STATE	ZIPCODE	
Address is a United State	es mailing address:	□ Yes	□ No	,		
Social Security Number:						
Place of Birth:		_ Date of Birth (MM-DD-YYYY):				
Place of birth is within the United States: \Box Yes						
If checked "No," provide the city and country you were born in:						
				CITY	COUNTRY	
Primary Telephone Number:			Fax I	Number:		
Primary Email Address:						
Driver's License Number:			Dr	river's License Sta	te:	

Dlopllocksmiths-labor@maryland.gov | (410) 230-6159 | www.labor.maryland.gov

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: <i>(If necessary)</i>			
Fixed Business Address:			
	CITY AND COUNTY	STATE	ZIPCODE
Business Telephone Number:		Fax Number:	
Business Email Address:	ss: Federal ID Number:		
	ess from which business was	conducted during the last 36 n	nonths (attach additional shee

SECTION 5. INSURANCE INFORMATION

A. I am an employer required to provide employee coverage under the Workers Compensation Law:

□ Yes □ No

If checked "Yes," provide the following:

POLICY/BINDER NO.

ISSUED BY

B. I maintain liability insurance coverage of at least \$300,000 (required of all locksmith businesses):

POLICY NO.

NAME OF INSURANCE COMPANY

SECTION 6. ADDITIONAL INSTRUCTIONS AND INFORMATION

Digital fingerprint services to obtain the Federal and Maryland criminal history records check are not available at the offices of the Department of Labor in Baltimore. Digital fingerprint service locations are available through the CJIS CENTRAL REPOSITORY, which may be more convenient for your use. Website: <u>http://www.dpscs.state.md.us</u>. (Under "Find a Service," to find both "Fingerprinting" and "Background Checks.")

PLEASE NOTE: A Report of Employee form must be filed for **each** employee who provides locksmith services and will be retained on file with the Department of Labor. After the Department of Labor receives and reviews both the Federal and State criminal history records reports, you will be notified of your employee's eligibility for continued employment pursuant to Section 12.5-203 Business Regulation Article, Annotated Code of Maryland.

A license is issued for a specific location and may not be transferred to any other location without the express written consent of the Department of Labor.

If issued a license, a locksmith business must provide to a local law enforcement unit or to the Department of Labor upon request, a copy of each invoice or receipt for services held by the business pursuant to the three-year from the date of service record retention requirement of the Maryland Locksmiths Act.

SECTION 7. IMPORTANT NOTICE

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collection of personal information:

Personal information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended as an additional means of verifying the licensee's identity to enable the agency to communicate in a timely manner with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Maryland Public Information Act.

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:	D	ate Signed:
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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:

Please secure passport sized photo here.