

MARYLAND STATE POLICE
Licensing Division
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

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: