**Security Training Academy**
**8567 fort Smallwood Rd**
**Pasadena Md 21122**
**433.702.78901**

SECURITY TRAINING ACADEMY

CPR - Defense Courses
Multi State Handgun Permits

Armed Security Service

**Security Training Academy is a State of Maryland, Department Of Public Safety and Correctional Services Certified Private Provider serving Maryland since 2018.**

## APPLICANT INFORMATION

**Please type or print legibly.**

| | | | |
|---|---|---|---|
| Name: | | | |
| Date of Birth: | Social Security Number: | Gender: ☐ Male ☐ Female | |
| Height: ft. in. | Weight: lbs. | Eye Color: | Hair Color: |
| Race/Ethnicity: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other | | | |
| Place of Birth City & State : | Citizenship: | | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Phone Number: | Driver's License Number: | Email Address: | |

### Noncriminal Justice Applicant's Privacy Rights:

**Pursuant to the provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, you are hereby notified that the fingerprints you are submitting via Essential Support Services, LLC will be used to check the criminal history records of the F.B.I., in order to determine your suitability for employment by the requesting agency.**

**Identification records obtained from the F.B.I. may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. If the information on the record is used to disqualify you as an applicant, you will have the opportunity to complete, or challenge the accuracy of the information contained in the F.B.I. identification record.**

**If you wish to correct the record as it appears in the FBI's identification Division Records System, you are advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.**

**Signature/Date:**_____

**Each of these permits needs an individual fingerprint submission and can only be done separately. Please read this section carefully and pick which submission which applies to what you are requesting today. If the wrong submission is picked, and once the submission is transmitted, you will be required to pay for an additional submission fee to resend the correct information. These fingerprints are good for 30 days from the date of fingerprinting. CCW&HQL 1Year**

**Signature:** _____

**By signing you agree that you have read the above statements and acknowledge that additional fees may apply if a resubmission is requested.**

### REASON FOR REQUEST

Please select from the following (*ORI Required):

| | | |
|---|---|---|
| ☐ Adult Dependent Care | ☐ Maryland Carry Permit * | ☐ Private Party Petition** |
| ☐ Child Care* | ☐ Maryland HQL | ☐ Public Housing |
| ☐ Criminal Justice* | ☐ | |

Agency Authorization Number:

*ORI Number:

**Position Applied: