

**INSTRUCTIONS:** All new residents of Maryland must register all regulated firearms within 90 days after establishing residency by completing the information on this Application. All information on this Application must be completed by the new resident.

**REGISTRANT INFORMATION**

Driver's License ID #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_ Check if Baltimore City resident

Town/City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_ (Country): \_\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**a. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**b. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**c. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**d. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**e. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**f. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**g. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**h. FIREARM INFORMATION**

Make: \_\_\_\_\_ Caliber: \_\_\_\_\_ Type: \_\_\_\_\_ Finish: \_\_\_\_\_ Barrel length: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**(THIS SECTION FOR MARYLAND STATE POLICE USE ONLY)**

Date form received: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTICE: Lost or Stolen Firearms.** If a regulated firearm is lost or stolen, the owner of the regulated firearms shall report the loss or theft to the local law enforcement agency within 72 hours after the owner first discovers the loss or theft. THE OWNER MUST ALSO NOTIFY ANY SUBSEQUENT RECIPIENT OF THE FIREARM OF THIS REQUIREMENT.

**Signature of Registrant**

*(Sign upon completion of this Application)*

Registrant \_\_\_\_\_

Date \_\_\_\_\_

**MSP 77D (10/1/13)**