

**MARYLAND STATE POLICE**  
**CERTIFIED QUALIFICATION SCORE SHEET**

TO ACCOMPANY HANDGUN PERMIT APPLICATION  
PURSUANT TO COMAR, SECTION 29.03.02.05 OF THE  
ANNOTATED CODE OF MARYLAND

\_\_\_\_\_  
APPLICANT NAME - PRINTED

**Is the applicant designated security personnel (example: armed security guard or private detective)?**

Yes: \_\_\_\_\_

If yes, identify the position or job title: \_\_\_\_\_

If yes, identify the agency or organization employed by: \_\_\_\_\_

No: \_\_\_\_\_

A. \_\_\_\_ INITIAL CERTIFICATION. THE APPLICANT LISTED ABOVE HAS RECEIVED A MINIMUM OF **SIXTEEN (16) HOURS** OF CLASSROOM TRAINING & QUALIFIED ON THE RANGE WITH A \_\_\_\_\_ REVOLVER/SEMI-AUTOMATIC HANDGUN.

B. \_\_\_\_ RENEWAL CERTIFICATION. THE APPLICANT LISTED ABOVE HAS RECEIVED A MINIMUM OF **EIGHT (8) HOURS** OF CLASSROOM TRAINING & QUALIFIED ON THE RANGE WITH A \_\_\_\_\_ REVOLVER/SEMI-AUTOMATIC HANDGUN.

C. Please check the appropriate type of course fired by applicant:

\_\_\_\_ PRACTICAL POLICE COURSE for Designated Security Personnel

\_\_\_\_ BASIC PRACTICAL HANDGUN COURSE for All Other

\_\_\_\_ / \_\_\_\_ = \_\_\_\_\_  
SCORE POSSIBLE PERCENTAGE DATE & TIME

\_\_\_\_\_  
LOCATION OF RANGE

I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT I HAVE COMPLETED THE **MINIMUM** CURRICULUM OF INSTRUCTION IN THE TRAINING AND USE OF HANDGUNS AS PRESCRIBED BY THE SUPERINTENDENT OF THE MARYLAND STATE POLICE, PURSUANT TO COMAR, SECTION 29.03.02.05 AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE.

**\*NOTE: ARMORED CAR DRIVER/GUARDS MUST QUALIFY ANNUALLY [PL 105-287 (HR 624)].**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I, \_\_\_\_\_, AM A QUALIFIED HANDGUN INSTRUCTOR PURSUANT TO THE ANNOTATED CODE OF MARYLAND, PUBLIC SAFETY ARTICLE, TITLE 5. I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE ABOVE LISTED INDIVIDUAL HAS BEEN TRAINED BY ME AND HAS COMPLETED THE **MINIMUM** CURRICULUM REQUIRED BY THE MARYLAND STATE POLICE, PURSUANT TO COMAR, SECTION 29.03.02.05, AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE.

\_\_\_\_\_  
SIGNATURE OF INSTRUCTOR/TITLE

\_\_\_\_\_  
QHIC or QHIL # **(REQUIRED)**

\_\_\_\_\_  
AGENCY