# Maryland State Police Regulated Firearms Collector Application and Affidavit

**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
Type 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

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<th>Details</th>
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<td>Driver’s ID#</td>
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<td>State</td>
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<td>Social Security #</td>
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<td>DOB</td>
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<td>Race</td>
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<td>Occupation</td>
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<td>Phone</td>
<td>Home (<em><strong><strong>) <em><strong><strong><strong>-</strong></strong></strong></em></strong> Work (</strong></em><strong>) <em><strong><strong><strong><strong>-</strong></strong></strong></strong></em></strong>___</td>
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<tr>
<td>Describe nature of collecting activities:</td>
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## Below For Maryland State Police Use Only

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<th>Field</th>
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<td>Date form forwarded:</td>
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<td>Signature of approving official:</td>
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<td>Comments:</td>
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## 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: ____________________________

MSP 29-56 (7-08)