



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions

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DEPUTY DIRECTOR

NOTICE OF FIREARM AUTHORIZATION FOR CORRECTIONAL PERSONNEL

Agency Name: _____

Mandated Officer: _____

Certification Number: _____ (mandated employee's six-digit Certification Number. If unknown, the social security number may be entered.)

Initial Authorization:

_____ The above mandated officer has been authorized to carry/use a departmental firearm(s) effective _____. **NOTE:** The Correctional Training Commission Regulations, COMAR 12.10.04.03B, states "A mandated employee authorized to carry a firearm shall successfully meet the performance objectives and standards of the 35-hour entrance-level firearms training program before being issued or carrying a firearm." PLEASE SUBMIT ENTRANCE LEVEL FIREARMS QUALIFICATION SCORES FOR THE ABOVE INDIVIDUAL.

Authorization Withdrawn:

_____ The above mandated officer is no longer authorized to carry/use a departmental firearm(s) effective _____.

Firearms Removal For Failure of Annual Qualification Standard:

_____ The above mandated officer has failed to qualify with the authorized firearm(s) during calendar year _____, and the authorization to carry/use the firearm has been withdrawn effective _____. This agency has removed the firearm(s) until the agency reports the officer's successful qualification, COMAR 12.10.04.03D.

Agency Head

Date

Questions regarding the use of this form may be directed to the Certification Unit at (410) 875-3524 or 3406. Questions regarding firearm courses and program approvals may be directed to the Firearms Training Facility at (410) 552-6300.