

GENERAL INFORMATION – LOCKSMITH LICENSING PROCESS

PLEASE BE AWARE OF THE FOLLOWING WHEN FILING AN APPLICATION TO BECOME A LICENSED LOCKSMITH BUSINESS IN THE STATE OF MARYLAND:

- 1) **LICENSE FEE**: **Do not send a fee with your application.** If your application is approved, you will be notified, and an invoice for your license in the amount of \$225 will be mailed to you for payment. Your license will be mailed to you upon receipt of the \$225 license fee.
- 2) **YOUR APPLICATION**: The owner of a business or the owner's designee may apply on behalf of the business. Take the time to ensure that you have answered **all** of the questions on the application and have signed it. Include a passport-size photograph (taken within 6 months) of the owner of the business and each employee. Incomplete applications will add significant time to the approval process. **Corporations:** **Do not forget to send a copy of your Articles of Incorporation and Certificate of Good Standing along with your application. If your business is not operating as a corporation, please provide SDAT documentation for your trade name registration. For more information about this go to the Department of Assessments and Taxation "Starting a new business" at <http://www.dat.state.md.us/sdatweb/checklist.html>**
- 3) **BACKGROUND CHECK**: The owner of the business and each employee must undergo a State and Federal criminal background check by providing fingerprints. To be fingerprinted, complete the **Department of Public Safety and Correctional Services CJIS – Central Repository Livescan Pre-Registration Application (available from the LABOR website: <http://www.labor.maryland.gov/license/locksmiths/lockapply.shtml>)** and take it with you to your chosen fingerprinting location. The results will be provided to the Department. Disclosure of a conviction is not an automatic bar to licensure. Each reported conviction will be reviewed according to considerations set forth in the Maryland Locksmith Act.
- 4) **FINGERPRINTING**: Fingerprints are now only taken by digital means. **LABOR IS NO LONGER A FINGERPRINTING LOCATION.** Digital fingerprint locations are available throughout the State, which may be more convenient for your use. For locations, fees, and details, consult the Public Safety and Correctional Services website: <https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. Under "Find a Service", see both "Fingerprinting" and "Background Checks".

- 5) **LOCKSMITH EMPLOYEES:** Employees who provide locksmith services on behalf of a licensed locksmith business must be cleared for continued employment by undergoing a criminal background check. A separate “**Report of Employee**” form (available online at <http://www.labor.maryland.gov/license/locksmiths/lockapply.shtml>) must be completed for each covered employee. **Remember, only employees doing actual locksmith work are bound by this requirement.**
- 6) **INSURANCE CERTIFICATE:** Make sure you provide the “**Notice to Insurance Carriers**” (available online at <http://www.labor.maryland.gov/license/locksmiths/lockapply.shtml>) to your carrier. The certificate received by DLLR must name the “State of Maryland Locksmith Licensing Program” as the certificate holder.
- 7) **FIXED BUSINESS ADDRESS:** Under Maryland Law, you must have a fixed business address to obtain a locksmith license. The following do not qualify as a fixed business address: a hotel or motel room, a motor vehicle, or a post office.

Notice to Insurance Carriers
Issuing Insurance to Persons Seeking Coverage for a Licensed Locksmith Business Certificate Holder

Applicants are required to provide this form to their Insurance Agent.

The minimum amounts of insurance coverage required per occurrence consists of:

General Liability Insurance in the amount of at least \$300,000

Any umbrella policy coverage is not acceptable for compliance with this requirement

The certificate holder shown shall be the:

State of Maryland
Locksmith Licensing Program
100 South Charles Street, Tower 1
Baltimore, Maryland 21201

The certificate of insurance shall reflect the name of the licensed business or sole proprietor as being insured as a part of the policy, and the policy shall be written through a company approved by the Maryland State Insurance Administration to issue such policies in Maryland.

Special Notes

1. The insurer agrees to notify the Locksmith Licensing Program shown as certificate holder at least 10 days before the effective date of the cancellation (such notification must show the name of the business or sole proprietor covered by the policy and the Locksmith Licensing Program).
 2. You are required to provide the Locksmith Licensing Program with a copy of an insurance certificate of coverage.
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If there are any questions, please contact:

Locksmith Licensing Program at 410-230-6159

If you prefer, you may fax your questions to 410-244-0977, Attention: Locksmith Licensing.
You can also email DLOPLLocksmiths-labor@maryland.gov

Revised 01/25

Dlopllocksmiths-labor@maryland.gov | (410) 230-6159 | www.labor.maryland.gov

LOCKSMITH BUSINESS APPLICATION FOR ORIGINAL LICENSE

SECTION 1. APPLICATION INFORMATION

To apply for a locksmith license on behalf of your corporation (INC. or CORP.), partnership, limited liability corporation (LLC), limited liability partnership (LLP), or sole proprietorship, you must:

- Be eighteen years of age or older.
- Complete this application.
- Report any addresses from which you conducted business during the prior 36 months if different from the fixed business address under which this application is being filed.
- Separately, apply to the Criminal Justice Information System Central Repository (CJIS) for a Federal and State criminal history records check. To accomplish this, you must be fingerprinted. (See Section 6). Please provide a copy of the fingerprinting receipt with the application.
- For corporations only:
 - Provide a copy of the Articles of Incorporation.
 - Obtain a Certificate of Good Standing from the Maryland State Department of Assessments and Taxation.
- File a Report of Employee and receive approval for each employee who provides locksmith services on behalf of your business. All employees who perform locksmith services are required to undergo a criminal background check and obtain completed fingerprint cards.
- On the last page, in the space provided, please attach a passport-sized photo of the owner/ designee.

SECTION 2. APPLICANT OWNER OR DESIGNEE / PERSONAL INFORMATION

Full Name: _____
LAST FIRST MI

Mailing Address: _____

CITY AND COUNTY STATE ZIPCODE

Address is a United States mailing address: ☐ Yes ☐ No

Social Security Number: _____

Place of Birth: _____ Date of Birth (MM-DD-YYYY): _____

Place of birth is within the United States: ☐ Yes ☐ No

If checked "No," provide the city and country you were born in: _____
CITY COUNTRY

Primary Telephone Number: _____ Fax Number: _____

Primary Email Address: _____

Driver's License Number: _____ Driver's License State: _____

SECTION 3. REQUIRED INFORMATION

(Circle Yes or No)

Have you ever been convicted of a felony or misdemeanor in any State, District of Columbia or Federal court?

YES NO

Have you ever had this type of license denied, suspended, or revoked by Maryland, any other state or the District of Columbia?

YES NO

If you have answered yes to any of the above questions, you must submit :

- A typed or clearly printed letter giving a complete explanation of the incident(s)
- A true test copy of the applicable court document(s)
- A copy of the final order in your case(s)

SECTION 4. BUSINESS INFORMATION

List the following information for your place of business (this address will appear on your license and must be the address where you transact business with the public in Maryland):

Business Name: _____

Trading As or
Doing Business As: _____
(If necessary)

Fixed Business Address: _____

CITY AND COUNTY

STATE

ZIPCODE

Business Telephone Number: _____ Fax Number: _____

Business Email Address: _____ Federal ID Number: _____

Please list any previous address from which business was conducted during the last 36 months (attach additional sheets if necessary): _____

SECTION 5. INSURANCE INFORMATION

A. I am an employer required to provide employee coverage under the Workers Compensation Law:

☐ Yes ☐ No

If checked "Yes," provide the following: _____

POLICY/BINDER NO.

ISSUED BY

B. I maintain liability insurance coverage of at least \$300,000 (required of all locksmith businesses):

POLICY NO.

NAME OF INSURANCE COMPANY

SECTION 6. ADDITIONAL INSTRUCTIONS AND INFORMATION

Digital fingerprint services to obtain the Federal and Maryland criminal history records check are not available at the offices of the Department of Labor in Baltimore. Digital fingerprint service locations are available through the CJIS CENTRAL REPOSITORY, which may be more convenient for your use. Website: <http://www.dpscs.state.md.us>. (Under "Find a Service," to find both "Fingerprinting" and "Background Checks.")

PLEASE NOTE: A Report of Employee form must be filed for **each** employee who provides locksmith services and will be retained on file with the Department of Labor. After the Department of Labor receives and reviews both the Federal and State criminal history records reports, you will be notified of your employee's eligibility for continued employment pursuant to Section 12.5-203 Business Regulation Article, Annotated Code of Maryland.

A license is issued for a specific location and may not be transferred to any other location without the express written consent of the Department of Labor.

If issued a license, a locksmith business must provide to a local law enforcement unit or to the Department of Labor upon request, a copy of each invoice or receipt for services held by the business pursuant to the three-year from the date of service record retention requirement of the Maryland Locksmiths Act.

SECTION 7. IMPORTANT NOTICE

In accordance with Executive Order 01.01.1983-18, the Department of Labor is required to advise you as follows regarding the collection of personal information:

Personal information requested by the licensing agency of the Department is necessary in determining your eligibility for licensure. Such personal information is also intended as an additional means of verifying the licensee's identity to enable the agency to communicate in a timely manner with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary. Personal information is generally available for inspection by the public only in accordance with the Maryland Public Information Act.

CERTIFICATION

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of certifying my qualifications for licensing; and

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief. I understand that willfully making a false statement on an application is a misdemeanor subject to a fine or imprisonment under the Act. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a manner satisfactory to the unit responsible for collection.

Signature of Applicant: _____ Date Signed: _____

MARYLAND LOCKSMITH LICENSING PROGRAM

100 S. Charles Street, Tower I

Baltimore, Maryland 21201

Phone: 410-230-6159 Email: DLOPLLocksmiths-labor@maryland.gov

OFFICE USE ONLY

APPROVED _____

DENIED _____

Date: _____

Please secure passport sized
photo here.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check)	
Height: ft. inches		Weight: lbs.		Eye Color:	
Hair Color:					
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check)					
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1200000141	
ORI # (if required): MD920505Z	Reason fingerprinted? Bus Reg Article 12.5
Position Applied for: Locksmith licensing or covered employee	
Request Type: (Choose one ONLY) <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code: