

RETURN TO:
Maryland Commission on Correctional Standards
Reisterstown Plaza Office Center
6776 Reisterstown Road, Suite 304
Baltimore, Maryland 21215-2341

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Maryland Commission on Correctional Standards

Private Home Detention Monitoring Agency
License Application

Private Monitoring Agency's Name: _____

Applicant's Name: _____

Section A: Agency Information

Provide the information requested about the private home detention monitoring agency on the spaces below. If more than two branch offices, list the requested information on a separate sheet, in the same format as below, and attach to the application form.

1) Principal Office Address: _____

2) Office Telephone (business hours): _____

3) Business Days and Hours: _____

4) 1st Branch Office Address: _____

4a) Office Telephone (business hours): _____

4b) Business Days and Hours: _____

5) 2nd Branch Office Address: _____

5a) Office Telephone (business hours): _____

5b) Business Days and Hours: _____

6) Telephone or Pager Number (nonbusiness hours): _____

Section B: Applicant Information:

If the applicant is an individual, complete 1 through 1f only. If the applicant is a corporation, partnership, business trust, limited liability company or other entity, list each partner, director, officer or trustee separately. If more than three persons, list the requested information on a separate sheet, in the same format as below, and attach to the application form.

1) Name: _____

1a) Residence Address: _____

1b) Date of Birth: _____ 1c) Social Security No.: _____

1d) Office Phone: _____ 1e) Nonbusiness Phone: _____

1f) Has the applicant ever been convicted of any violation of the law other than a minor traffic offense? Yes ___ No ___ If yes, give date, place of conviction, charge and disposition of each case: _____

2) Name: _____

2a) Residence Address: _____

2b) Date of Birth: _____ 2c) Social Security No.: _____

2d) Office Phone: _____ 2e) Nonbusiness Phone: _____

2f) Has the applicant ever been convicted of any violation of the law other than a minor traffic offense? Yes ___ No ___ If yes, give date, place of conviction, charge and disposition of each case: _____

_____ 3)
Name: _____

3a) Residence Address: _____

3b) Date of Birth: _____ 3c) Social Security No.: _____

3d) Office Phone: _____ 3e) Nonbusiness Phone: _____

3f) Has the applicant ever been convicted of any violation of the law other than a minor traffic offense? Yes ___ No ___ If yes, give date, place of conviction, charge and disposition of each case: _____

Section C: Monitor information:

List the requested information for each monitor employed or to be employed by the monitoring agency. If the monitoring agency employs more than four monitors, list the requested information on a separate sheet and attach to the application form.

1) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

2) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

3) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

4) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

Section D: Information required for corporate use only

This section is to be completed by monitoring agencies that are incorporated. If not incorporated at the time of application, this section is to be left blank.

1) Place of Incorporation: _____

2) Is the charter still legally subsisting? Yes _____ No _____

3) Are any state or federal taxes past due? Yes _____ No _____ If yes, explain:

4) List the name of each partner, director, trustee, and/or officer (the names listed here should be the same as those listed in Section B above): _____

5) List the name and address of the monitoring agency's manager (the individual(s) responsible for the daily operation of the monitoring agency): _____

Attach the following:

1. A certified true copy of the Articles of Incorporation;
2. If a foreign corporation, a certified true copy of registration with the Maryland Department of Assessments and Taxation;
3. Minutes of directors meeting electing officers of the corporation and specifying their duties;
4. Resolutions created after original date of incorporation.

Section E: *Information required for unincorporated or partnership applicants use only*

This section is to be completed by monitoring agencies that are partnerships or unincorporated at the time of application. If incorporated or applying as an individual at the time of application, this section is to be left blank.

Give full name, address, title and interest of every partner, officer, and supervisory employee of the firm: _____

Section F: *Information on electronic monitoring equipment and service provider*

Give the full name, address and telephone number of the company or companies from which the applicant purchased/leased electronic monitoring equipment. If the applicant has a contract with a service provider to provide your monitoring services, list their name, address and telephone number as well. Also describe the type of equipment used and how it works. If additional space is needed, list the requested information on a separate sheet and attach to the application form.

Section G: Statement made under oath

This section is to be read and signed by the applicant and witnessed by a notary public. If the applicant is an individual, that individual shall sign the application under oath. If the applicant is a corporation, partnership, business trust, limited liability company or other entity, each partner, director, officer or trustee must read and sign under oath as an applicant.

Note: Please be advised that willfully making a false statement on the application is a misdemeanor, subject to a fine or imprisonment or both, as provided under § 20-710 of the Business Occupations and Professions Article.

I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing below in the designated space. I agree to supply any additional information requested. False information will be sufficient grounds for denial of the application and/or criminal prosecution.

Applicant's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

Applicant's signature: _____ Date: _____

For Use of Notary Public Only

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature: _____

My Commission Expires on _____ (Seal)