

Return to:  
Maryland Commission on Correctional Standards  
Department of Public Safety and Correctional Services  
6776 Reisterstown Road – Suite 304  
Baltimore, Maryland 21215-2341

Maryland Department of Public Safety and Correctional Services

Commission on Correctional Standards

Private Home Detention Monitoring Agency

**License Renewal Application**

*Company Information:*

Company Name: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_

\_\_\_\_\_

Principal Office Telephone: \_\_\_\_\_

Principal Office Fax: \_\_\_\_\_

Branch Office(s) Address: \_\_\_\_\_

\_\_\_\_\_

Branch Office(s) Telephone: \_\_\_\_\_

Branch Office(s) Fax: \_\_\_\_\_

Branch Office(s) Address: \_\_\_\_\_

\_\_\_\_\_

Branch Office(s) Telephone: \_\_\_\_\_

Branch Office(s) Fax: \_\_\_\_\_

Non-business hours telephone number: \_\_\_\_\_

If a corporation at the time of the agency's last application for licensure as a private home detention monitoring agency, are the Articles of Incorporation still current? \_\_\_\_\_ (if no, attach a copy)

Place of incorporation: \_\_\_\_\_

Are any federal or state taxes past due? (if yes, explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Owner(s):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal Owner(s):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal Owner(s):

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Equipment Information:*

Brand Name: \_\_\_\_\_

Type (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is it leased or purchased? \_\_\_\_\_

Do you conduct the electronic monitoring services from your office or through a service provider?

\_\_\_\_\_  
\_\_\_\_\_

If a service provider is used, provide the company's name, address, telephone number, and contact person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Monitors (provide the requested information on each monitor working for you):*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date work as a monitor began: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date work as a monitor began: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date work as a monitor began: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date work as a monitor began: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Date work as a monitor began: \_\_\_\_\_

*Statement Made Under Oath*

This section is to be read and signed by the applicant(s) 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.

*I do certify that: 1) all withholding and social security taxes for the past two years have been paid; and 2) all other obligations employers are required to pay on behalf of their employees to the State or federal government have been paid.*

*I do certify the equipment used has the demonstrable ability to provide either satellite monitoring or continuously signaling electronic monitoring as defined in COMAR 12.11.10.*

*I do hereby declare and affirm under the penalties of perjury that the contents of this renewal 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.*

*I understand 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.*

*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 \_\_\_\_\_, 20\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_ (Seal)