

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)