



REQUEST FOR RETURN OF FIREARMS

PLEASE TYPE OR PRINT CLEARLY, ATTACH ADDITIONAL PAGES IF NECESSARY AND MAIL OR RETURN WITHIN 45 DAYS TO:

Frederick Police Department
Records Section
100 West Patrick Street
Frederick, Maryland 21701
301-600-2100

CASE # _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Phone (Work): _____ Phone (Home): _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Race: _____

Eye Color: _____ Hair Color: _____

Driver's License Number: _____

Occupation: _____



For each regulated firearm, please provide the following information: (attach additional pages if necessary)

Make	Model	Caliber

Are you legal owner of the above- described regulated firearm(s)? Yes No

If **YES**, what documentation do you have to verify proof of ownership?

If **NO**, who is legal owner?

Name: _____ Telephone: _____

Address: _____

If you are the legal owner, do you want this regulated firearm returned to you? Yes No



The Public Safety Article of the Maryland Annotated Code §5-118 requires that an owner who receives a weapon provide the following information:

Please answer Yes or No to the following questions:

- 1. Have you ever been convicted of a crime of violence or any felony? Yes No
- 2. Are you a habitual drunkard? Yes No
- 3. Have you been convicted more than one time for driving intoxicated or impaired? Yes No
- 4. If you answered **YES** to question 3, please provide the dates and locations of each conviction:
(attach additional pages if necessary)

Date:	Location
_____	_____
_____	_____
_____	_____

- 5. Are you an addict or habitual user of any controlled dangerous substance? Yes No
- 6. Have you been convicted more than one time for any narcotics violation? Yes No
- 7. If you answered **YES** to question 6, please provide the dates and locations of each conviction. (attach additional pages if necessary)

Date:	Location
_____	_____
_____	_____
_____	_____

- 8. Have you ever been convicted of **ANY** criminal offense? Yes No
If **YES**, provide the following: (attach additional pages if necessary)

Date:	Location	Offense
_____	_____	_____
_____	_____	_____



9. Have you ever been convicted of an offense where you received a prison term of more than two years? Yes No

10. If you answered **YES** to question 9, please provide the dates and locations of each conviction. (attach additional pages if necessary)

Date:

Location

_____	_____
_____	_____
_____	_____

11. Have you spent more than 30 consecutive days in any medical institution for treatment of a mental disorder or disorders? Yes No

12. At this time has a Maryland court issued against you a temporary protective order under the Family Law article § 4-505 or a final protective order under the Family Law Article §4-506?
 Yes No

13. If you answered **YES** to question 11, please provide the dates and locations where all outstanding orders were issued. (attach additional pages if necessary)

Date:

Location

_____	_____
_____	_____
_____	_____



14. Have you ever been convicted of any of the following crimes?

- Yes No - Abduction;
- Yes No - Arson in the first degree;
- Yes No - Assault in the first or second degree;
- Yes No - Burglary in the first, second or third degree;
- Yes No - Carjacking or armed carjacking;
- Yes No - Escape in the first degree;
- Yes No - Kidnapping;
- Yes No - Voluntary manslaughter;
- Yes No - Maiming (as proscribed under former Article 27 § 386)
- Yes No - Mayhem (as proscribed under former Article 27 § 384)
- Yes No - Murder in the first or second degree;
- Yes No - Rape in the first or second degree;
- Yes No - Robbery or robbery with a dangerous weapon;
- Yes No - Sexual offense in the first, second or third degree;
- Yes No - An attempt to commit any of the crimes listed above; or
- Yes No - Assault with intent to commit any crimes listed above.

15. If you answered **YES** to any part of question 14, please provide the dates and locations of each and every conviction. (attach additional pages if necessary)

Date:

Location

16. Are you under any court order not to possess a weapon? Yes No

17. Do you have any criminal charges pending? Yes No

If **YES**, what are the charges, and when is the court date? (attach additional pages if necessary)

Charge:

Court Date



18. Have you completed the required Maryland Firearms Course? **YOU MUST SHOW PROOF THAT YOU HAVE COMPLETED THIS BEFORE WEAPON CAN BE RELEASED.** Yes No

Any false information supplied made in this application is a crime which may be punished by imprisonment for a period of not more than three years, or a fine of not more than \$5,000 or both. I further understand that a criminal record check will be conducted to verify the above information.

I hereby affirm, under the penalty of perjury, that the information that I have provided pursuant to this request to return firearms form is accurate and truthful.

Signature: _____ Date: _____

IN WITNESS WHEREOF, I have this _____ day of _____, 20____, executed this application, acknowledging that I have read and understand, and agree to, said application.

Subscribed and sworn to me:

(Notary Public)

This _____ day of: _____, 20 _____

My commission expires on:
