

**STATE OF MARYLAND
LEOSA 2004
RANGE REGISTRATION FORM**

Instructions:

Please complete all applicable sections of the form and return to the Maryland Department of State Police Licensing Division at 7751 Washington Boulevard, Jessup, Maryland 20794. You will be notified of the location and time to respond and complete the training portion of the qualification requirement of the Law Enforcement Officer Safety Act of 2004.

Name: _____
(First) (Last) (M.I)

Home Address: _____
(Street) (State) (Zip Code)

Telephone Number: _____ Fax: _____
(Area Code)

E-Mail Address: _____ DLN: _____

Type of Weapon (Please check applicable box)

Semi Automatic

Revolver

Weapon Information:

(Make) (Model) (Serial Number)

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Office Use Only

Date Received: _____ Date

Returned: _____

Range Location: _____

Date & Time: _____