



Regulated Firearm Applications, Licenses and Permits

 CREATE MY ACCOUNT

 LOG IN

Log in to MSP
Licensing portal

Or create an
account if you don't
have one.

<https://licensingportal.mdsp.maryland.gov/MspBridgeClient/#/home>

Please complete the registration form below to set up your account. The account is free, and all information entered into your account is kept secure and confidential.

Please note that you must have an email address to create an account.

Required fields marked with an asterisk (*)

First Name * Middle Name Last Name * Suffix

First Name is required

The email address used here must be one that you have access to. You will need to access it immediately after account creation to confirm/verify ownership of the email address before you can begin your application process.

Email * Confirm Email *

Password *

Password Requirements

Minimum 12 Characters.
Contains both letters and numbers.
Contains at least one upper case letter.
Is not all numbers, all special characters, or all alphabetic characters.
Does not contain leading or trailing blanks.
Does not contain 3 or more consecutive identical characters.

Confirm Password *

Date of Birth * Gender Social Security Number Driver's License State* Driver's License # *

MM/DD/YYYY

Home Phone Work Phone Mobile Phone

REGISTER

[RETURN HOME](#)

1. Fill out all the information and press register.
2. Go to email and verify email address.
3. Log into licensing portal.



Welcome, JERRY!

CONTINUE TO DASHBOARD

77R - Purchase of Regulated Firearms

RESUME 77R

START 77R

The 77R is the Maryland State Police Application and Affidavit to Purchase a Regulated Firearm.

HGP - Application for Wear & Carry Permit (Handgun Permit)

RESUME HGP

START HGP

Issued to an individual who demonstrates good and substantial reason to wear and carry a firearm. Examples include, but are not limited to: business owners and employees, correctional officers, former police officers, and individuals requiring a firearm for personal protection.

MG - Machine Gun Registration

START MG

Registration is required for Initial Registration, Renewal Registration, or any Modification to existing registrations.

HQL - Handgun Qualification License

START HQL

Unless otherwise exempt, a Maryland resident must possess a valid Handgun Qualification License (HQL) before they may purchase, rent, or receive a handgun.

1. Press Start HGP



This account should be used by one person only. Do not share your login information with anyone.

Basic Information

Applicant Information

Last Name * HAUBURGER First Name * JERRY Middle Name I have no middle name Suffix * NONE

Current Residential Address

Street Address (if cities will not be accepted) * Town/City * BOWIE

State * MARYLAND County * PRINCE GEORGE'S COUNTY Zip Code * 20715

Home Phone Work Phone Mobile Phone Fax

Identification Information

Social Security Number Date of Birth * 04/17/1967 Birth Place Country * UNITED STATES Birth Place Town/City * EAST MEADOW NEW YORK Birth Place State * NEW YORK

Driver's License State * MARYLAND Driver's License # * H162402018296 Sex * MALE

Height (feet) * 6 Height (inches) * 2 Weight * 235 Eye Color * BROWN Hair Color * BROWN Race * BLACK

Livescan PCN # * Livescan PCN # is required Are you a Maryland Qualified Handgun Instructor? * Yes No

Are you a United States Citizen? *

Yes

I am a naturalized Citizen. (NOTE: If Naturalized, attach a copy of your Naturalization paper.)

No. (YOU MUST attach a copy of your Employment Authorization Card with this application.)

CANCEL NEXT SAVE & GO TO SUMMARY

All required fields have not been filled out.

1. Fill out Application information
2. Press next at the bottom of the page.

Applicant Questionnaire

1

Step 1

2

Step 2

3

Step 3

Answer all of the following questions completely. Provide a detailed explanation for all "Yes" responses by including the date, circumstances, and/or charge if applicable. You must attach OFFICIAL court dispositions and any other documents necessary to fully answer question numbers 1 - 15 below to this application.

11. Have you ever been employed as a Police Officer? (Does not include being a Special Police Officer)

Yes No

12. Has your handgun permit, license, certification, or registration in Maryland or any other state or jurisdiction ever been denied, suspended, revoked, or terminated?

Yes No

13. Have you ever been a member of the United States Armed Forces? If you answered yes, you will need to attach a copy of your DD-214 as part of the application process.

Yes No

14. Are you an armored car guard?

Yes No

15. Reason for a Handgun Permit (Be Specific):

Reason for a Handgun Permit is required

0 / 2500

[BACK](#)[NEXT](#)[SAVE & GO TO SUMMARY](#)

All required fields have not been filled out.

1. Fill out all 15 Questionnaire questions
2. For questions 15, you can put for personal protection.
3. Press next

Have you been employed within the past 5 years?

Yes No

Employment Information

Name of Employer *	Employment Start Date * MM/DD/YYYY	Employment End Date * <input type="checkbox"/> Currently Employed
Employer Address *	City *	State * Zip Code *
Position/Job Duties *	Supervisor's Name *	Phone Number *
Reason for Leaving *		

CANCEL SAVE

All required fields have not been filled out.

1. Fill out your employment history for the last 5 years with all the above information. All fields required
2. Press save after each employment entry
3. Press next once you are complete

Domestic Relationship

List your closest domestic relationship such as current spouse, significant other, or cohabitant OR, if not applicable, any former spouse within the past 5 years.

Not Applicable

Spousal/Significant Other/Cohabitant Name *

Email

Nature of Relationship *

Length of Relationship *

Residence Phone Number *

Work Phone Number *

Cellular Phone Number *

BACK

NEXT

1. Fill out the domestic Relationship tab. Fill out all required information.
2. If you live alone, press the “Not Applicable Tab”
3. Press next to go to the Reference tab

Applicant Information Application Information Questionnaire Employment Domestic Relationship **References** Documents Summary Signature

Application References

Pursuant of the provisions of Maryland Law, submit the names of at least 3 reputable citizens who have known you, the applicant, for more than two (2) years, and are not related in any way to you, the applicant.

[+ ADD REFERENCE](#)

Full Name	Email	Phone Number
 No reference have been entered. Click "Add Reference" to add a reference to the application.		

[BACK](#) [NEXT](#)

At least 3 references are required.

1. Fill out (3) three references
2. Press the "+ Add reference button"
3. Fill out the required reference information
4. Press save
5. Once you are complete, press next to move do the documents page.

Maryland State Police Licensing Portal [SAVE & EXIT APPLICATION](#) [APPLICATION INSTRUCTIONS](#) [LOG OUT](#)

Applicant Information Application Information Questionnaire Employment Domestic Relationship **References** Documents Summary Signature

Application Reference

Full Name: * Email

Street Address * Apt#/Suite City * State * Zip Code *

Name of Employer *

Residence Phone Number * Employer's Phone Number * Cellular Phone Number *

[CANCEL](#) [SAVE](#)

Upload Documents

Based on the selections made in the application process, these are the documents recommended to upload prior to submission. Please be aware that failure to attach the required documents before submission to MSP will delay the processing of your application.

You may upload any .PDF, .JPG, .JPEG, .PNG, .DOC, or .DOCX file up to 15MB in size.

You must click the 'ATTACH DOCUMENT' button to upload/attach.

Required for Submission Documents:

The document(s) listed here are required for submission of your application.

Document Type	Description	File Name	
PASSPORT SIZE PHOTO	PHOTOGRAPHS MUST BE 2"X2" HEAD AND SHOULDER PASSPORT TYPE WITH A WHITE BACKGROUND, FULL FACE, NO HAT, NO DARK GLASSES.	N/A	UPLOAD PHOTO
CERTIFICATE OF HANDGUN TRAINING OR DOCUMENTATION OF EXEMPTION	SUBMIT DOCUMENTATION OF TRAINING EXEMPTION OR A QUALIFICATION SCORE SHEET (MSP 29-14) SIGNED BY A QUALIFIED HANDGUN INSTRUCTOR CERTIFIED BY THE MD STATE POLICE. (16-HOUR HANDGUN TRAINING COURSE)	N/A	<input type="text" value="jerry hauburger"/> ✕ <input type="checkbox"/> I am exempt from the training requirement ATTACH DOCUMENT
FINGERPRINTS	ALL "ORIGINAL" AND "SUBSEQUENT" APPLICATIONS REQUIRE FBI AND CJIS FINGERPRINT SUBMISSIONS. PLEASE	N/A	ATTACH DOCUMENT

1. Now upload all your documents

1. Upload 2x2 passport photo

2. Upload MSP (29-14) live fire score sheet and search for my last name "Hauburger"

3. Upload a copy of your "Wear and Carry" fingerprint receipt. YOU CANNOT USE YOUR HQL fingerprints.

4. Scroll to the bottom and press next to the summary page.

The screenshot shows the Maryland State Police Licensing Portal. The top navigation bar includes the state seal, the text "Maryland State Police Licensing Portal", and links for "SAVE & EXIT APPLICATION", "APPLICATION INSTRUCTIONS", and "LOG OUT". Below this is a secondary navigation bar with tabs for "Applicant Information", "Application Information", "Questionnaire", "Employment", "Domestic Relationship", "References", "Documents", "Summary" (which is highlighted), and "Signature".

The main content area is titled "Application Summary" and contains the instruction: "To submit your application, you must provide the missing or incomplete required information in the areas listed below." Below this instruction is a table with the following structure:

Section	Status
APPLICANT INFORMATION	INCOMPLETE (1)
Livescan PCN # is required.	
APPLICATION INFORMATION	COMPLETE
QUESTIONNAIRE	COMPLETE
EMPLOYMENT INFORMATION	COMPLETE
DOMESTIC RELATIONSHIP	COMPLETE
REFERENCES	COMPLETE
DOCUMENTS	COMPLETE

At the bottom of the table, there are "BACK" and "NEXT" buttons.

1. The summary page will let you know if you are missing anything in your application.
2. If you are click on the red box and make provide the information they require.
3. If not, all the boxes will say complete and press next to go to the signature page.

Authorization of Release of Information

I, JERRY HAUBURGER, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Department of State Police, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature concerning this applicant. The intention of this authorization is to provide information, which will be utilized, for investigative resources material for the purpose of processing this application.

I, JERRY HAUBURGER, authorize the full and complete disclosure of the records of educational institutions, financial or credit institutions, and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those hospitals, clinics, private practitioners, the U.S. Veterans' Administration, and all military and psychiatric facilities; public utility companies; employment and pre-employment records including background investigations reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me; of complaints of a civil nature made by or against me, for the internal purposes of the Licensing Division, Department of the State Police.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I agree to indemnify and hold harmless the person to whom this request is presented, his agents and/or employees, the Secretary and the Department of the State Police and the State of Maryland, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

I, JERRY HAUBURGER, agree to the Authorization of Release of Information.

Authorization of Release of Information signed on: 08/12/2022

I do hereby declare and affirm under 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.**

Warning: Any person who willingly makes false statements on this application is guilty of a misdemeanor.

First Name*

Jerry

Last Name*

Hauburger

Application signed on: 08/12/2022 10:34 AM

[PAY & SUBMIT TO MARYLAND STATE POLICE](#)

Your application will be submitted once you enter and submit valid credit card information.

1. On the Authorization of Release of Information, please click the button to allow the MSP to obtain the information they need to conduct their background check.
2. Sign the form by filling in your first and last name.
3. Press Pay and submit at the bottom.

the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature con
authorization is to provide information, which will be utilized, for investigative resources material for the purpose of processing this a

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Last Na
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02/2022 10:34 AM

Submit Payment

Charge Amount: \$75

Card Holder First Name * Card Holder Last Name *

Billing Address *

City: * State: * Zip Code: *

Card Number   *

Expiration Month * Expiration Year * CCV Code *

[CANCEL](#) [MAKE PAYMENT](#)

1. Pay your 75\$ to for the application fee to the state to complete your application.