1. Go to <u>https://emdsp.mdsp.org/egov/Login.aspx?ReturnUrl=%2Fegov%2FHome.aspx</u>

	DEPARTMENT OF
	MARYLAND STATE POLICE
MENU Create User Account	Welcome to the Maryland Department of State Police (eMDSP) Online Services Login Page
	IMPORTANT UPDATE For information regarding the HQL renewal process, click here
	A copy of your HQL, either printed or electronic, must be presented to a firearm dealer or private seller, prior to selling, renting, or transferring a handgun, in accordance with the MD Public Safety 5-117.1 and COMAR 29.03.01.06.
	 For assistance with your: HQL, New Resident Registration or Qualified Handgun Instructor License, please email msp.hql@maryland.gov Intercept Device Registration, please email msp.licensing@maryland.gov LEOSA application, please email msp.handgunpermits@maryland.gov
	Login
	Click here to create an account.
	Click here if you have forgotten your password.
Maryland	d Department of State Police Licensing Division 1111 Reisterstown Road Pikesville, Maryland 21208

- 1. Go to https://emdsp.mdsp.org/egov/PersonSearchResults.aspx
 - 1. Or Click on "Click Here to Create Account" if you don't have an account
- 2. Fill in your Date of Birth
- 3. Fill in Last Name
- 4. Put "None" for Registration Code
- 5. Click Search

	DEPARTMENT OF MARYLANI) STATE	POLICE
MENU	Search for your Record		
Login Page	Before you can apply for a license of that may be associated with you.	or make any chan	ges to an existing license
	For Existing Licensees, please enter "Search".	r your Date of Bir	th, Last Name and Regist
	If you are an existing licensee and o	do not know your	Registration Code, pleas
	If you have NEVER registered befor Code field below and click "Search"	e, please enter yo	our Date of Birth and Las
	Date of Birth		i.e. 09/23/2010
	Last Name	[
	Registration Code:	L]
		Search	

Maryland Department of State Police Licensing Division | 1111 Reisterstown Road Pike

- 1. Fill out the Personal Account Information
 - 1. Name
 - 2. Maryland Address
 - 3. Email
 - 4. Phone Number
 - 5. User Name and Password
 - 6. Recovery Question/Answer

MENU	Create Your Per	sonal Account						
Login Page								
	We were unable to find any records associated with your search criteria.							
	Please provide the requested information below and Click the register button.							
	* = Required Field.							
	Name							
	First Name*		SSN					
	Middle Name*			ex. 123456789				
	Last Name*		Gender*	Please select a Gender \checkmark				
	Suffix		Date of Birth*					
		ex. Sr. Jr. III		MM/DD/YYYY				
	Address							
	Country*	Lipited States 24	Primary Phone*					
	country	United States V		ex 3015551212				
	Address Line 1*		Email*					
	Address Line 1	av 122 Fourth St	Linan					
	Address Line 2	ex. 12310010130.	Confirm Emoilt	ex. username@uoman.com				
	Address Line 2		Confirm Email*					
		ex. Apt. 100	1	ex. username@domain.com				
	City*							
		Foreign Addresses: Enter city, region, postal o	code					
	State*	MD V						
			1					
	Zipcode*							
		Only use 5 digit Zip Code: ex. 02705						
	Create Your User ID and	Password						
	UserID and Password are case	e sensitive.						
	User ID:	ex: jsmith						
	Password:		Confirm Password:					
		At least one lowercase let	ter					
		At least one number	tter					
		At least one symbol/speci No spaces	al character					
		Cannot contain the word '	password					
	Password Question*		Password Answer*					
		ex. Favorite color?		ex. Blue (Must be at least four (4) characters long.)				
			Register					

- 1. Go to email account and validate email
- 2. Log in with User Name and Password
- 3. Press Login

	DEPARTMENT OF MARYLAND STATE POLICE
MENU Create User Account	Welcome to the Maryland Department of State Police (eMDSP) Online Services Login Page IMPORTANT UPDATE For information regarding the HQL renewal process, click here A copy of your HQL, either printed or electronic, must be presented to a firearm dealer or private seller, prior to selling, renting, or transferring a handgun, in accordance with the MD Public Safety 5-117.1 and COMAR 29.03.01.06
	 For assistance with your: HQL, New Resident Registration or Qualified Handgun Instructor License, please email msp.hql@maryland.gov Intercept Device Registration, please email msp.licensing@maryland.gov LEOSA application, please email msp.handgunpermits@maryland.gov
	User ID: Jhauburger Password : •••••••••••••••••••••••••••••••••••
	Click here if you have forgotten your password.

1. Click Initial Application at the top Left

MENU	Licensing Home Page
cation icense	You current applications for licenses, registrations, and certifications are listed below. Read the following guidelines before starting a new application.
equest Ipdate	 Check the Maryland State Police Licensing Webpage for the requirements of the application you are submitting.
odout	 You may only submit applications for yourself. Each citizen must have their own account.
ogout	 Once you begin an application it may be saved for later update prior to submission.
	 To begin a new application select the Initial Application link from the menu on the left.
	 To continue an existing application click the Continue link on the application below.

LEOSA- MSP Retiree Renewal click here.

. .

Initial Appl

Renew L Document Re Demographics L Student Verifi

Name					
Name: 、	Jerry na Hauburger		Address:	2916 TARRAGO BOWIE, MD 2071	N LN I 5
Licenses, Re	egistrations and Certificat	es			
Qualified Hand	gun Instructor Certificate	Pending Prerequisites	Print License		
Profession:	Firearms Services	License Number:		License Status:	Active
		Certification Date:	9/11/2020	Expiration Date:	9/29/2024
Qualified Hand	gun Instructor License				
Profession:	Firearms Services	License Num	ber:	License Status:	Withdrawn
		Certification	Date:	Expiration Date:	
Qualified Hand	gun Instructor License				
Profession:	Firearms Services	License Num	ber:	License Status:	Withdrawn
		Certification	Date:	Expiration Date:	
HQL Training E	xempt <u>Print License</u>			_	
Profession:	Firearms Services	License Number:		License Status:	Active
		Certification Date:	2/17/2022	Expiration Date:	2/16/2032

Application Status Definitions

 Active - License, Registration or Certification approved; HQL/LEOSA: A physical identification card will be mailed to the address entered on your application. QHIC/QHIL: You will receive an instructor's certificate through email.

- 1. Under Profession select: Firearm Services
- 2. Under License Type Select: HQL Standard
- 3. Under Obtained By Method: Application
- 4. Start Application

Apply for Your License, Registration or Certification MENU Licensing Home Page Application Type Selection Logout **Firearms Services** Profession: HQL Standard License Type: \sim Obtained By Method: Application \sim Start Application To start an application select from the following Licensing, Registration, and Certificates. Firearms Services Program For Firearms Services Select "Firearm Services" for Program • Handgun Qualification License (Standard) • Required to purchase, rent, or receive a regulated firearm in Maryland Select "HQL Standard" for License Type, and "Application" for Application Method Required to have taken the 4 hour class from a certified MSP Instructor Handgun Qualification License (Training Exempt) • Required to purchase, rent, or receive a regulated firearm in Maryland • Select "HQL Training Exempt" for License Type, and "Application" for Application Method • See website for list of exemptions Handgun Qualification License (Permit Exempt) • Required to purchase, rent, or receive a regulated firearm in Maryland • Select "HQL Permit Exempt" for License Type, and "Application" for Application Method • Must have a valid MD wear & carry license New Resident Regulated Firearms Registration • A person shall, within 90 days after establishing residency, register all regulated firearms with the Secretary of the Maryland Department of State Police. • Select "New Resident Regulated Firearms Registration" for License Type, and "Application" for Application Method

MANILAND STATET OLICE

1. Click Demographics in the top left



Firearms Training Certifications

1. Fill out all the required information and press update.

	MENU	Demographics				
•	Demographics	Update the information	in the fields below and cliq	k the update button to	save the changes.	
	PREREQUISITE*					
-	QUESTIONS*	NOTE: Not all fields ma	y be applicable to each app	olicant.		
	Attach Documents					
		Name				
	Logout	Name Prefix:		Birth Date		
			ex. Mr. Mrs. Dr.		MM/DD/YYYY	
		First Name:	Jerry	SSN - Not Require		
		First same MUST	match driver's license		av 122456799	
		First name MOST	na		Male V	
		Middle Name:	nu -	Gender - Required		
		If no middle	e name, enter NA.			
		Last Name:	Hauburger	Race/Ethnicity	Other V	
		Name Suffix:		Occupation:	Government	
			ex. Sr. Jr. III		If no occupation, enter "None."	
		Address				
		Address				
		ATTENTION APPLICAN by the U.S. Postal S	TS: Licensing Division Staff Service. We ask that you ca submitt	has noticed an increase arefully review the addre ting your application.	ed number of HQL cards being returned ess information you provide prior to	
		Country:	United States V	Phone:	4436315753 ex. 3015551212	
		Line 1		Fax	[]	
		Line 1.		1 45.		
			ex. 123 Fourth St.		ex. 3015551212	
		Line 2:		Email:	Jerry.nauburger@yanoo	
			ex. Apt. 100		ex. username@domain.com	
		City:	BOWIE	State:	MD v	
			Foreign Addresses: Enter city, region, postal code			
		ZinCodet	20715	Get City from Zin		
		zipcoue.		Get City Iron Zip		
			Only use 5 Digit Zip Code ex. 21202			
		State Identification Infor	mation - Required			
		Driver's License/ID Number:		Stata	MD	
		NOT R-123-456-789-123)		State:		
		Expiration Date: (ex: MM/DD/YYYY)	04/17/2027			
		Physical Descriptors - Re	auired			
		Height in Feet-Inches:	6.02	Weight in Pounds:	225	
		(ex: 5-09, NOT 5'9")	Brown	(ex: 180, NOT 180 lbs)	Z35	
		Lye Color.	biowii 🗸	Hair Color.		
		Fingerprint - Background Check Information - Required				
		Information is on docun	nentation/receipt received	from Fingerprinting serv	vice provider.	
		PCN/TCN/Tracking Number: (ex: XX1234567890)	Uz4220420186	Fingerprinting Date: (ex: MM/DD/YYYY)	02/11/2022	
		Citizenship Status - Only	Required if NOT a U.S. Citizer	1		
		Alien/USCIS Number:		Expiration Date:		
			Leave Blank if Not Required DO NOT ENTER N/A		ex: MM/DD/YYYY Leave Blank if Not Required DO NOT ENTER N/A	
				Update		

- 1. Click Prerequiste
- 2. Click add
- 3. Under Relationship click Instructor Prereq
- 4. Under Profession click Firearms Services
- 5. License Type: Qualified Handgun Instructor Certificate
- 6. License Number: Input my license number
- 7. Click Search
- 8. Click my name Jerry na Hauburger
- 9. Click Complete

	MENU	Associa	ate OHII /O	HIC			
	DEMOGRAPHICS*			<u>j</u> 110			
	Prerequisite						
	QUESTIONS*	Click Add to add	d a relationship to a Q	ualified Handgun Instruc	tor License or Qualified Ha	ndgun Instru	ictor Certificate.
	Attach Documents	When finished, c	click Complete to cont	tinue.			
	Finish			QHIL/QHIC Rel	ationships		
	Licensing Home Page	Action	License Type	Relationship	License Number	Nam	ne Status
	Logout		-				
		Add					Complete
	MENU		NW Deletion	ohin			
	DEMOGRAPHICS*	Add Ne	ew Relation	snip			
	PREREQUISITE*	t					
	QUESTIONS*	Enter the relatio	onship type and the lic	ense number of the OH	IL/OHIC to add. Once you f	ind your OH	IL/OHIC license,
	Attach Documents	click on the licer	nsee name to add it a	s your prerequisite licen	se.	, ,	-
	Finish	Relationsh					
	Licensing Home Page	Dro					
	Logout	Lioon	Firearms Servic				
	Ŭ	Licens	Number	un Instructor Certificate ~			
		License					
			Search	Cancel			
				Prerequisite sea	arch results		
				Name			Status
		Jerry na Hauburger			/	Active	
_	MENU	Associa	ate QHIL/Q	HIC			
	DEMOGRAPHICS*						
	Prerequisite		a valationakin ta a O	ulified Hendeum Instance	tor Licence or Ovelified Her		atar Cartifaata
		When finished, c	lick Complete to cont	inue.	tor License or Qualified Har	lagun instru	ctor Certificate.
	Attach Documents						
	Finish	A stion	1 i	QHIL/QHIC Rela	ationships		Chatura
	Licensing Home Page	Undo Oualified Han	License Type	e Instructor Prereg	License Number Na	me auburger Pe	status Inding Submission
	Logout			- monuocor roroq			
		Add]				Complete

Click Question: Answer all the questions honestly.

MARYLAND STATE POLICE

MENU	Application Questions								
DEMOGRAPHICS* PREREQUISITE* Ouestions	DEMOGRAPHICS* PREREQUISITE* After all the questions have been answered. Questions								
Attach Documents	Question	Answer							
Finish	Are you loss than 21 years of are?	Plassa Chassa							
censing Home Page	Are you less than 21 years of age?								
Logout	Are you participating or planning to participate in a straw purchase of a regulated firearm? (Straw purchase means a transaction in which an individual uses another person, known as the straw purchaser, to complete the application to purchase a regulated firearm, take initial possession of that firearm, and subsequently transfer that firearm to the first individual.)	Please Choose V							
	Have you ever been convicted of a crime of violence? (The term "crime of violence" means: abduction; arson in the first degree; assault in the first or second degree; burglary in the first, second, or third degree; home invasion; carjacking and armed carjacking; escape in the first degree; kidnapping; voluntary manslaughter; maining as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as previously proscribed under former Article 27, ? 386 of the Code; mayhem as or second degree; robbery; robbery with a dangerous weapon; sexual offense in the first, second, or third degree; an attempt to commit any of the crimes listed above; or assault with intent to commit any of the crimes listed above; or assault with intent to commit any of the crimes listed above or assault with intent to commit a crime punishable by imprisonment for more than 1 year.)	Please Choose V							
	Have you ever received probation before judgment (PBJ) for a crime of violence? (Refer to questions #3 for the definition of a crime of violence. This question does not apply to PBJ for non domestic related assault in the second degree)	Please Choose V							
	Have you ever received probation before judgment (PBJ) in a domestically related crime as defined in ? 6- 233 of the Criminal Procedure Article?	Please Choose V							
	Have you ever been convicted in Maryland or elsewhere of a Felony?	Please Choose V							
	Have you ever been convicted in Maryland of a MISDEMEANOR that carries a PENALTY OF MORE THAN TWO YEARS? IT DOES NOT MATTER WHAT SENTENCE YOU ACTUALLY RECEIVED (even if your sentence was suspended and you were placed on probation, you are prohibited from obtaining this license). Examples of prohibiting offenses include, but are not limited to: assault, battery, resisting arrest, obstructing and hindering a police officer, drug offenses, weapons offenses and theft offenses. These are only examples, there are other prohibiting offenses. IF YOU ARE UNSURE OF THE MAXIMUM PENALTY UNDER MARYLAND LAW, DO NOT PROCEED. FIND OUT WHAT THE MAXIMUM PENALTY UNDER MARYLAND LAW IS FOR THE OFFENSE OF WHICH YOU WERE CONVICTED.	Please Choose V							
	Have you ever been convicted of an offense in another state, which if committed in Maryland, carries a maximum penalty of more than two years? It does not matter what sentence you actually received (even if your sentence was suspended and you were placed on probation in another state, you are prohibited from obtaining this license in Maryland). Examples of prohibiting offenses include, but are not limited to: assault, battery, resisting arrest, obstructing and hindering a police officer, drug offenses, weapons offenses and theft offenses. These are only examples, there are other prohibiting offenses. IF YOU ARE UNSURE OF THE MAXIMUM PENALTY UNDER MARYLAND LAW, DO NOT PROCEED. FIND OUT WHAT THE MAXIMUM PENALTY UNDER MARYLAND LAW IS FOR THE OFFENSE OF WHICH YOU WERE CONVICTED.	Please Choose V							
	Have you ever been convicted in Maryland or elsewhere of a COMMON LAW OFFENSE FOR WHICH YOU RECEIVED A SENTENCE OF MORE THAN TWO YEARS, even if it was suspended in whole or in part?	Please Choose V							
	Are you the respondent in a final protective order or an order for protection that has been issued by any	Diagon Change and							

- 1. Click Attach Documents
- 2. Press the red "Click Here" for the FBI Privacy Act Statement.
- 3. Digital Sign the last page of the form and upload to the page.
- 4. Or Print out the form and sign it and upload and attach the document.

Document Upload MENU DEMOGRAPHICS This portion allows for you to submit supporting documentation for your application. PREREQUISITE* • Documents that may be accepted are: QUESTIONS* • Firearms Training Certifications Attach Documents • If you do not have Maryland identification an electronic passport photo may be submitted. Finish Licensing Home Page Department of Mental Health and Hygiene Certificates Logout • Criminal Pardons • DO NOT SUBMIT copies of criminal histories or any medical records. • CLICK HERE for the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights • Click Browse to find the appropriate attachments needed to complete your application. Click Upload Document to load the attachment. • Select the attachment Type • You may select View to verify you attached the correct attachment. • You may select Delete to remove an attachment from your application. · Select Next to move to the final step in the application process. Note: Ensure your documents are less than 5MB each to avoid encountering upload errors. No Documents Choose File No file chosen Upload Document Next Maryland Department of State Police Licensing Division | 1111 Reisterstown Road Pikesville, Maryland 21208 For assistance, please send an email to: MSP.HQL@maryland.gov

MARILAND STATE FULICE

1. This is the privacy Act Statement, Print, sign, and date the form and attach to application.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemential authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprintbased background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental on authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an application who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and
 associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated
 information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you
 have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to
 do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cisi/dentity-history-summary-checks and https://www.edo.cis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency
 that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a
 request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information
 and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency. (See 28 CFR 16.30
 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

Print Name

Signature

Date

1 Written notification includes electronic notification, but excludes oral notification. 2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement 3 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Click Finish and pay the State fee.

Do you suffer from a mental disorder as defined in 10-101(F)(2) of the Health- General Article and have a history of violent behavior against yourself or another? ("Mental disorder" includes a mental illness that so substantially impairs the mental or emotional functioning of an individual as to make care or treatment necessary or advisable for the welfare of the individual or for the safety of the person or property of another.)

Have you ever been under the protection of a guardian appointed by a court for a reason other than physical disability? Have you ever been discharged from the Armed Forces under dishonorable conditions; or have you ever renounced your United States Citizenship; or are you illegally or unlawfully in the United States? Are you an addict or habitual user of any controlled dangerous substance? Habitual user of controlled dangerous substances means any person who has been found guilty of two controlled dangerous substance offenses, one of which occurred within the past 5 years.) Are you a habitual drunkard? Habitual drunkard means any person who has been found guilty of any three alcohol offenses, one of which occurred within the past year. Do you hereby solemnly swear or affirm, under the penalties of perjury, that you understand and have answered the above questions truthfully, to the best of your knowledge, information and belief? If a truthful answer to any of the above questions is a yes, it is a violation of law for you to purchase or possess a firearm. Providing a false answer to any of these questions is a crime and may result in imprisonment and a fine. (DO NOT PROCEED) Are you a citizen of the United States? acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights and that it will be signed / dated and uploaded on the Attachments page.

Prerequisite Licenses

QHIC-2020-0254	Jerry na Hauburger	Firearms Services	Qualified Handgun Instructor Certificate	Instructor Prereq	Add
Prerequisite License No	Prerequisite Name	Prerequisite Profession	Prerequisite License Type	Relationship	
		Prerequisite Lie	censes		

ion

I attest that this application is accurate and truthful to the best of my knowledge. I further acknowledge that this information will be verified and authorize the State Police to use the information provided to do so. I further acknowledge that I may at any time, except to the extent that the Department of State Police has already taken action in reliance on it, revoke this authorization by submitting a request for revocation in writing. If not previously revoked, this authorization will terminate one year after the date I sign this Application or upon notification to me of the disapproval of this Application, whichever occurs first.

If all the information on the application is correct, and you agree to the terms and conditions as stated above, please press the PAY FEES BUTTON.

Otherwise please go back and correct any information that is necessary.

~			~	
	1.7			