



MARYLAND CAPITOL POLICE

STATE SECURITY CARD ACKNOWLEDGEMENT

I hereby acknowledge that I am responsible for the safe-keeping of my State of Maryland Security Card and will not allow anyone else to use, copy, or in any manner reproduce this card. I understand I must immediately report any lost, stolen, confiscated or destroyed State of Maryland Security Card to my employer, who will then notify the Department of General Services Maryland Capitol Police (MCP). I also understand that I cannot alter, punch holes, or otherwise mutilate the card for any purpose.

I acknowledge that, if I am granted electronic access privileges (prox) to Maryland State facilities, I am not to allow anyone else to use my card to enter or exit a facility on my prox access privileges.

I acknowledge I must prominently display my State of Maryland Security Card to MCP staff upon entering Maryland State facilities and I am required to display the security card on my outer garment between the waist and neck line. I shall surrender my State of Maryland Security Card to MCP staff if requested.

I acknowledge my State of Maryland Security Card is the property of the State of Maryland, and I agree to return my State of Maryland Security Card to my employer upon the request of my employer, or upon termination of, retirement from, or change in employment status with the State of Maryland.

I acknowledge the replacement cost of the State of Maryland Security Card is \$50.00 for the first replacement card, \$100.00 for the second replacement card and \$250.00 for the third replacement card and each replacement card thereafter.

Card Holder Name: _____

Card Holder Signature: _____

Date: _____