



STATE OF MARYLAND
DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LOCKSMITH PROGRAM
100 SOUTH CHARLES STREET, TOWER 1, BALTIMORE, MD 21201

DLOPLLocksmiths-DLLR@maryland.gov
<http://www.labor.maryland.gov>

LOCKSMITH PROGRAM CHANGE REQUEST FORM

INSTRUCTIONS

ALL BUSINESS NAME CHANGES, ADDRESS CHANGES, TERMINATION OF BUSINESS, AND REACTIVATION OF A CURRENT LICENSE TO GOOD STANDING MAY BE PRESENTED IN THIS FORM.

(Name changes i.e. new trade name, marriage certificate, divorce decree, must submit supporting documentation to the Program.)

I, _____
(PRINT NAME) (LICENSE REGISTRATION NUMBER & BUSINESS NAME)

Hereby make an application to the Maryland Locksmith Program this _____ day of _____

20 ____ for a change to my locksmith license as indicated below:

CHECK THE TYPE OF CHANGE YOU ARE REQUESTING

- | | |
|---|---|
| <input type="checkbox"/> Business Name Change - \$50 | <input type="checkbox"/> Termination of License - No Fee |
| <input type="checkbox"/> Personal Name Change - \$50 | <input type="checkbox"/> Reactivation to Good Standing - No Fee |
| <input type="checkbox"/> Duplicate License - No Fee | <input type="checkbox"/> Removal of Technicians – No Fee (must attach Registration of Locksmith Technician form) |
| <input type="checkbox"/> Home Address Change - No Fee | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Business Address Change - No Fee | |

NEW BUSINESS Name _____
(Supporting documentation of change must accompany the application)

NEW PERSONAL Name _____
(Supporting documentation of change must accompany the application)

NEW Business Address _____

NEW Home Address _____

OTHER Change _____

APPLICANT SIGNATURE: _____ **DATE:** _____