



OFFICE OF THE SHERIFF

Queen Anne's County

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R. Gery "Gary" Hofmann
Sheriff

Sheriff Gary Hofmann

Major Dwayne Boardman

Class 236

APPLICATION FOR RETURN OF FIREARMS

**This application must be completed in its entirety by the owner of the firearm(s) and returned to:
Queen Anne's County Office of the Sheriff, 505 Railroad Ave. Centreville, MD 21617**

Last Name: _____ First Name: _____ Middle Name: _____
 Race: _____ Sex: _____ Email Address: _____
 Social Security #: _____ Driver's License # and State _____
 Date of Birth: _____ Address: _____
 Employer: _____ Work Address: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Case # _____
 Firearm(s) to be returned:

Make	Model	Serial #	Caliber

1. Are you currently a U.S. Citizen? **Yes** **No**
If not, have you ever been a U.S. Citizen? **Yes** **No**

2. Have you ever been convicted of a crime other than a minor traffic offense? *(This includes conviction of a crime involving the sale, use or possession of drugs; conviction of a conspiracy to commit a crime involving the sale, use or possession of drugs; or conviction of a crime involving the sale, distribution or possession of a firearm.)* **Yes** **No**
If yes, explain below:

3. Are you currently on parole or probation? **Yes** **No**
If yes explain below

Parole/Probation Officer's name: _____ Phone #: _____

4. Have you ever been declared a juvenile delinquent by any court? **Yes** **No**
If yes, indicate the offense and explain below:

5. Are you currently under a court order to restrain you from harassing, threatening, contacting, etc., a certain person or persons? **Yes** **No** If yes, explain below:

6. Have you ever been arrested for any traffic or criminal matter which involved the use of alcohol?
 Yes **No** If yes, explain below:
Date: _____ Jurisdiction/State: _____ Offense: _____

7. Have you ever been arrested for any traffic or criminal matter which involved the use of drugs?
 Yes **No** If yes, explain below: Date: _____
Jurisdiction/ State: _____ Offense: _____

8. Have you ever been arrested and/or treated for any violent behavior against yourself or another person?
 Yes **No** If yes, explain below: _____

9. Have you ever been confined to a mental health facility? **Yes** **No**
Health Facility Name: _____ Address: _____
If yes, the number of days you were confined to the facility: _____
If yes, explain the circumstances surrounding your confinement below _____

10. Have you been discharged from the Armed Forces under dishonorable conditions?
 Yes **No** If yes, explain below: _____

11. Are you the owner of the firearm(s) for which you are seeking the return? **Yes** **No**
If yes, provide detailed proof of your ownership to include sales receipts and date of purchase.
If you are unable to provide proof, explain your rights to ownership.

*****For REGULATED FIREARMS:** Firearms Applicant MUST apply for, receive and produce a Handgun Qualification License issued by the Maryland State Police. There is a training component to receive this license. See the website below for more information. Click on firearms photo.
<http://www.mdsp.org/organization/supportservicesbureau/licensingdivision/mainlicensingpage.aspx> ***

12. If applicable, have you received your Handgun Qualification License? If so, please provide a copy of the License with this application. **Yes** **No**

Any false information supplied or statement made in this application is a crime which may be punished by imprisonment for a period of not more than three years, or a fine of not more than \$5,000, or both. I further understand that a criminal record check will be run to verify the above information.
I hereby affirm, under the penalties of perjury, that the statements made and responses given in this application are true and accurate to the best of my knowledge, information and belief. Inaccurate statements may result in the denial of your application.

Signature: _____ Date: _____