



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcms.virginia.gov/pss](http://www.dcms.virginia.gov/pss)

Status Hotline (804) 786-1132 1-877-9STATUS
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**Private Security Services – SUBJECT MATTER SPECIALIST FORM**

**IMPORTANT INFORMATION**

- **Third party documentation** verifying the dates and types of experience or training must be provided with form. **Resumes are not acceptable.**
- A subject matter specialist may only teach specific portions of a course – not the entire course.
- A Certified Instructor does not need to be present with a subject matter specialist.

**School Information**

DCJS ID Number: 88-	School Name:	Trade As:
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address:		City, State, Zip:
Email Address:		
Business Phone: (      )	EXT:	Fax: (      )

**Subject Matter Specialist**

SSN or DCJS ID Number:	Name:
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**Specific portions of required subjects the individual is requesting to instruct**

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**Affirmation**

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
Training School Director or Assistant Director mm/dd/yy

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
Guest Lecturer or Subject Matter Specialist mm/dd/yy