



Alternative Training Credit IN-SERVICE TRAINING – FEE \$25.00

IMPORTANT INFORMATION

- For questions on eligibility refer to the Regulations Relating to Private Security Services [6 VAC 20-171-460](#) in-service training exemption.
- This form is for IN-SERVICE training credit only. You are required to meet all training requirements prior to your **expiration date**. This application will take a **MINIMUM of 30 days to process**—please submit at least 60 days *prior* to expiration date.
- Only one (1) category of training may be requested per application with the exception of firearms training which may be included with a registration category on this application.
- General and Firearms Instructor: the only alternatives for 13I and 14I are pre-approved training listed online at Virginia Department of Criminal Justice Services (DCJS) at www.dcjs.virginia.gov/pss/training/alternatives/index.cfm.

Registration Category Requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Central Station Dispatcher | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Electronic Security Technician | <input type="checkbox"/> Security Canine Handler |
| <input type="checkbox"/> Alarm Respondent | <input type="checkbox"/> Electronic Security Sales Representative | <input type="checkbox"/> Detector Canine Handler |
| <input type="checkbox"/> Security Officer/Courier | <input type="checkbox"/> Special Conservator of the Peace | <input type="checkbox"/> Bail Enforcement Agent |
| <input type="checkbox"/> Bail Bondsman | <input type="checkbox"/> Private Security Firearms Instructor | <input type="checkbox"/> Private Security Instructor |

Firearms Selection

- Handgun
 Shotgun
 Advanced Handgun

Applicant Information

DCJS ID Number: 99-	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Email Address:			
Home Phone: ()	Business Phone: ()	Fax: ()	

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.

Signature Required: _____ Date: _____
mm/dd/yy

APPLICATIONS ARE VALID FOR 12 MONTHS FROM THE DATE OF SUBMITTAL

All fees are non-refundable. Applications received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA,
 or pay by credit card using the [Credit Card form](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf
 — this form must be included with your application package when paying by credit card.

ALTERNATIVE TRAINING CREDIT IN-SERVICE TRAINING CHECKLIST

Submit the following documents with this application.

NOTE: We do not maintain documents on file—submit documentation with each application.

- Information on the sponsoring organization (brochure, pamphlet, bio card)
- Session Outline
- Instructor Bio
- Length of training program (hours of attendance)
- Date(s) and location of training (must be on-site unless a pre-approved online program)
- Certification of successful completion (must show student's name, sponsoring organization, Instructor signature, course name, and completion date)