



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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

Status Hotline
 (804) 786-1132
 1-877-9STATUS

Private Security Services –
RENEWAL INSTRUCTOR APPLICATION 2-YEAR CERTIFICATION – FEE \$50.00

IMPORTANT INFORMATION

- In-service-level training must be completed within the 12 months prior to your application for certification.
- If the current certification is expired, you may reinstate your certification providing all renewal requirements are met; and an additional, non-refundable reinstatement fee of **\$25.00** is submitted to the department within **60 days** following the expiration date of your certification. After 60 days, this application cannot be processed and all initial certification requirements will need to be met.
- If requesting additional categories of instruction, **Third Party Documentation** verifying the types and dates of successful qualification, with a minimum range qualification of **85%**, with each of the selected firearms in the application: [Training Completion forms](#) (available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_tcf.doc) or signed range sheets with qualification scores are acceptable.

Criminal History

Have you **been convicted** or **found guilty of a felony or misdemeanor** (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the **past two years**?

Yes * No

*If **YES**, please attach a [Private Security Criminal History Supplement form](#) available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf and all requested criminal history documentation.

Instruction Category(s) Requested *(check each that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Central Station Dispatcher |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Electronic Security Technician |
| <input type="checkbox"/> Armored Car Personnel | <input type="checkbox"/> Electronic Security Sales Representative |
| <input type="checkbox"/> Alarm Respondent | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Security Officer Core Subjects | <input type="checkbox"/> Security Canine Handler |
| <input type="checkbox"/> Armed Security Officer Arrest Authority | <input type="checkbox"/> Bail Bondsman |
| <input type="checkbox"/> Special Conservator of the Peace | <input type="checkbox"/> Bail Enforcement Agent |

Firearms Instruction Category(s) Requested *(check each that apply)*

- Handgun Shotgun Adv. Handgun

Applicant Information

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

Employment Information

School Name:	DCJS ID Number: 88-
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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: _____
mm/dd/yy

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](#) 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.