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 – Training Session Notification Form

IMPORTANT INFORMATION

- Must be postmarked or received **no less than seven (7) calendar days** prior to the beginning or the training session.
- You may only provide one category of training per session notification.

Applicant Information

DCJS ID Number: 88-	School Name:	Trading As:
Primary Instructor:		DCJS ID Number: 99-
Location of Training (if different than School):		City, State, Zip:
Range Name:		Code:
Start Date: Start Time: (Military Format)		End Date: End Time: (Military Format)

Entry level Subjects

- ☐ 01E Security Officer Core Subjects
- ☐ 02E Private Investigator
- ☐ 03E Armored Car Personnel
- ☐ 04E Security Canine Handler
- ☐ 05E Armed Security Officer Arrest Authority
- ☐ 06E Special Conservator of the Peace Core Subjects
- ☐ 30E Electronic Security Subjects
- ☐ 32E Personal Protection Specialist
- ☐ 35E Electronic Security Technician
- ☐ 38E Central Dispatcher
- ☐ 39E Electronic Security Sales Representative
- ☐ 40E Bail Bondsman
- ☐ 44E Bail Enforcement Agent
- ☐ Locksmith

In-Service Subjects

- ☐ 01I Security Officer Core Subjects
- ☐ 02I Private Investigator
- ☐ 03I Armored Car Personnel
- ☐ 04I Security Canine Handler
- ☐ 06I Special Conservator of the Peace Core Subjects
- ☐ 30I Electronic Security Subjects
- ☐ 32I Personal Protection Specialist
- ☐ 35I Electronic Security Technician
- ☐ 38I Central Dispatcher
- ☐ 39I Electronic Security Sales Representative
- ☐ 40I Bail Bondsman
- ☐ 44I Bail Enforcement Agent
- ☐ Locksmith

Firearms Training

- ☐ 07E Handgun Training
- ☐ 07R Handgun Re-Training
- ☐ 08E Shotgun Training
- ☐ 08R Shotgun Re-Training
- ☐ 09E Advanced Handgun Training
- ☐ 09R Advanced Handgun Re-Training

Additional Instructors during Session

Name:	DCJS ID Number: 99-
Name:	DCJS ID Number: 99-
Name:	DCJS ID Number: 99-
Training School Director:	Phone: ( ) Ext.:

Signature Required: _____ Date: _____
Training School Director mm/dd/yy