



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
P.O. Box 1300 • Richmond, Virginia 23218
Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

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

Compliance Agent – CERTIFICATION IN-SERVICE APPLICATION – FEE \$50.00

IMPORTANT INFORMATION

- The application is for IN-SERVICE training enrollment and certification.
- If your **current certification has expired**, you may attend in-service training within **30 Days** after the expiration date with an **additional \$25.00 delinquent training fee**. If 30 days has elapsed, this application cannot be processed and all initial certification requirements will need to be met. For additional information, go online to www.dcjs.virginia.gov/pss/business/ca/.

Applicant Information

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

Employment Information

Business Name:	DCJS ID Number:
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Training Date / Location Requested – Accommodations

Date:	Location:
Do you require Disability Accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES , please specify:	

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

No

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.

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf must be mailed with your application package.

Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218