



**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 –
GENERAL INSTRUCTOR ENTRY LEVEL TRAINING ENROLLMENT – FEE \$300.00**

IMPORTANT INFORMATION

- The application is for ENTRY level training enrollment. It does not process certification.
- Third Party Documentation verifying the types and dates or experience must be attached to this application. To be eligible, the experience must be either (see **6 VAC 20-171-100** of the Regulations Relating to Private Security):
 - Three (3)** years managerial/supervisory experience in a private security services business, a federal, state, or local law enforcement agency or in related field
 - OR**
 - Five (5)** years general experience in private security or a related field
 - OR**
 - One (1)** year experience as an instructor/teacher at an accredited educational institution or agency in the subject matter for which certification is requested, or in a related field

Training Date / Location Requested – Accommodations

| | |
|-------|-----------|
| Date: | Location: |
|-------|-----------|

Do you require disability accommodations? No Yes* *If **YES**, please specify:

Applicant Information

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

Employment Information

| | |
|-------------------------|-----------------|
| Business /School Name : | DCJS ID Number: |
|-------------------------|-----------------|

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](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.