



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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Status Hotline
 (804) 786-1132
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Private Security Services – COMPLIANCE INSPECTION

Information

DCJS ID Number:	Business Name:		
Audit Number:	DBA/Trade As Name:		
Mailing Address (Street/Apt.#):		City, State, Zip:	
Business Physical Address (if different than mailing address):		City, State, Zip:	
Business Phone: ()		Fax: ()	
Email Address:			

PART I: General Provisions

	Comp.	Non/Comp.	N/A
1. Business address, 6 VAC 20-171-220.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Any change in operating name, 6 VAC 20-171-220.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Any change in ownership or principals, 6 VAC 20-171-220.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Any change in entity, 6 VAC 20-171-220.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Liability insurance, 6 VAC 20-171-220.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Irrevocable consent for service, 6 VAC 20-171-220.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Designated compliance agent, 6 VAC 20-171-220.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Display business license, 6 VAC 20-171-220.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. License number/advertising materials, 6 VAC 20-171-230.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Use of state seal of Virginia, 6 VAC 20-171-230.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use of contractors or subcontractors, 6 VAC 20-171-230.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carrying firearms, 6 VAC 20-171-230.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Report firearm discharges, 6 VAC 20-171-220.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Utilize vehicles with flashing lights, 6 VAC 20-171-230.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Documentary evidence of terms, 6 VAC 20-171-220.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Uniforms, 6VAC20-171-320.17 – 6VAC20-171-340.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Employees properly reg. or certified, 6 VAC 20-171-230.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. VSP-167 forms submitted as required, 6 VAC 20-171-40.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. VSP-167 forms listing convictions, 6 VAC 20-171-40.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Fingerprints submitted as required, 6VAC 20-171-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Supervisor fingerprints submitted, 6VAC20-171-220.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Citizenship or legal alien resident status, 6VAC20-171-215.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments *(attach additional pages if needed)*

Acknowledgement

The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected within _____ days, and that administrative action may occur as a result of this inspection.

Investigator Signature

Date

Compliance Agent Signature

Date

Print Name

Print Name