



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 REGISTRATION APPLICATION 2-YEAR REGISTRATION – FEE \$20.00

IMPORTANT INFORMATION

- If you are going to carry or have access to a firearm you must also maintain a Firearms Endorsement and complete all required firearms training. For additional information and forms, please access the [Firearms Endorsement link](#) on the [Virginia Department of Criminal Justice Services \(DCJS\)](#) website.
- Application and In-service Training must be completed prior to expiration date for issuances of registration.
- If your current registration is expired, you may reinstate your registration providing all renewal requirements are met; and an additional, non-refundable reinstatement fee of **\$10.00** is submitted to the department within **60 days** following the expiration date of your registration. After 60 days, this application cannot be processed and all initial registration requirements will need to be met. For additional information, access the [Reinstatement link](#) on the DCJS website.

Applicant Information

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

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

<input type="checkbox"/> Private Investigator	<input type="checkbox"/> Unarmed Security Officer/Courier	<input type="checkbox"/> Electronic Security Technician Assistant	<input type="checkbox"/> Detector Canine Handler
<input type="checkbox"/> Armored Car Personnel	<input type="checkbox"/> Armed Security Officer/Courier	<input type="checkbox"/> Electronic Security Sales Representative	<input type="checkbox"/> Armed Personal Protection Specialist
<input type="checkbox"/> Alarm Respondent	<input type="checkbox"/> Central Station Dispatcher	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Unarmed Personal Protection Specialist
	<input type="checkbox"/> Electronic Security Technician	<input type="checkbox"/> Security Canine Handler	

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](#) and all requested criminal history documentation.

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.