



Compliance Agent – DESIGNATION / REMOVAL FORM

IMPORTANT INFORMATION

This application may take approximately 5 to 7 business days to process.

Applicant Information

DCJS ID Number: 11-	Business Name:
DBA/Trade As Name:	
Mailing Address (Street/Apt.#):	City, State, Zip:
Physical Address (if different than mailing address):	City, State, Zip:
Email Address:	
Business Phone: ()	Fax: ()

Add or Remove Compliance Agent

Addition of Compliance Agent (Add)

Compliance Agent:	SSN or DCJS ID Number: 99-
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Deletion of Compliance Agent (Remove)

Compliance Agent:	SSN or DCJS ID Number: 99-
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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: _____
Principal/Owner mm/dd/yy

Signature Required: _____ Date: _____
Compliance Agent mm/dd/yy