



**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](http://www.dcjs.virginia.gov/pss)

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

**Private Security Services – BUSINESS OR TRAINING SCHOOL ADDRESS CHANGE FORM**

**IMPORTANT INFORMATION**

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

**Information**

DCJS ID Number:	Business or Training School Name:
DBA/Trade As Name:	
Mailing Address (Street/Apt.#):	City, State, Zip:
Physical Address (if different than mailing address):	City, State, Zip:
Physical Address in Virginia Where Records are Maintained:	City, State, Zip:
Compliance Agent or Training Director:	DCJS ID Number: 99-
Email Address:	
Business Phone: (    )	Fax: (    )

**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: \_\_\_\_\_  
Compliance Agent/Training School Director

Date: \_\_\_\_\_  
mm/dd/yy