



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 –
 ADDITIONAL REGISTRATION CATEGORY APPLICATION – FEE \$20.00**

IMPORTANT INFORMATION

- This application will add categories to your current Registration. The same expiration date will remain in effect.
- Entry-level training must be completed within the 12 months prior to your application for Registration.
- If adding Armored Car Personnel to your registration, a [Fingerprint Application](#), Fingerprint Card and \$50.00 non-refundable fee are required for licensure. The fingerprint package must be submitted within 90 days of submitting the Registration Application. Please note, a criminal history records check may take up to 45 days to process.

Applicant Information

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

Employment Information

Business Name:	DCJS ID: 11-
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Additional Registration Category(s) (check each that apply)

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

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.