



**Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
Campus Security Officer (CSO)**

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**Certification Program – Permission for Extension**

*All Virginia college/university campus security officers must meet certification and re-certification requirements as indicated in Virginia State Regulation 6 VAC 20-270.*

This form serves as an extension request for certification/re-certification for the following college/ university/private security company:

This form is being submitted by the designated Campus Security Officer Point of Contact (POC):

Point of Contact Name: \_\_\_\_\_

Point of Contact Title: \_\_\_\_\_

Point of Contact Driver's License No.: \_\_\_\_\_ State of License: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Names of person(s) for whom an extension is requested:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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This form serves as a request for extension due to the following circumstances: \_\_\_\_\_

Extension type (check): ☐ Certification training  
☐ In-service training credit toward re-certification  
☐ Other: \_\_\_\_\_

Requested length of extension: \_\_\_\_\_

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I, the designated Point of Contact for the Employer indicated on this application, request DCJS approve this applicant for the position of Campus Security Officer.

Point of Contact's Name: \_\_\_\_\_

Point of Contact's Driver's License No.: \_\_\_\_\_ State of License: \_\_\_\_\_ Date: \_\_\_\_\_

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***Please submit the completed form with documentation to DCJS***

*By mail:* Virginia Department of Criminal Justice Services, Division of Law Enforcement Services, 1100 Bank Street, Richmond, VA 23219

*By fax:* 804-786-0410 or *By email:* [jessica.smith@dcjs.virginia.gov](mailto:jessica.smith@dcjs.virginia.gov)

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FOR OFFICIAL DCJS USE ONLY: Extension granted: ☐ YES ☐ NO

DCJS representative: \_\_\_\_\_ Date: \_\_\_\_\_