



**Private Security Services –
 RENEWAL BUSINESS LICENSE APPLICATION 2-YEAR LICENSE – FEE \$500.00**

IMPORTANT INFORMATION

- A Fingerprint Application, Fingerprint Card, and \$50.00 non-refundable fee is required for all new principals (Owners/Officers/Directors) of the business. Please note a criminal history records check may take up to 45 days to process. The [Fingerprint Application](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_fp.pdf) is available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_fp.pdf.
 - Fingerprint Cards may be ordered online www.dcjs.virginia.gov/forms/privatesecurity/fingerPrintCards.cfm
- The license application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** license category selected.
- Please attach proof of liability: A Surety Bond (minimum \$100,000) **or** Certificate of General Liability Insurance (minimum \$100,000/\$300,000). Please ensure the Department is listed as a certificate holder.
- If the current license is expired, you have **60 days** from the date your license expired to submit a non-refundable reinstatement fee of **\$250** and meet all of the renewal requirements. If 60 days has elapsed, this application cannot be processed and all initial licensing requirements will need to be met. For additional information, please access the [Reinstatement link](http://www.dcjs.virginia.gov/pss/faq/catView.cfm?category=Reinstatement) online at www.dcjs.virginia.gov/pss/faq/catView.cfm?category=Reinstatement.

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:
Physical Address in Virginia where records are maintained:	City, State, Zip:
Email Address:	Contact Name:
Business Phone: ()	Fax: ()

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Security Canine Handler |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Electronic Security Services | |
| <input type="checkbox"/> Security Officers / Couriers | <input type="checkbox"/> Armored Car Personnel | |

Type of Ownership *(check one)*

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation* |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company* |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited Partnership* |

* Virginia State Corporation Commission Number: _____ (if applicable)

Business/trade name must be registered with the Virginia State Corporation Commission (SCC).
 For additional information contact the SCC at (804) 371-9733.

Criminal History

Have you or any owner, officer, director, or employee **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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf) available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf and all requested criminal history documentation.

List all Principals (Owners / Officers / Directors) attach additional sheet if needed

Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:

Primary Compliance Agent (for additional compliance agents, please complete the form available online at www.dcjs.virginia.gov/forms/privateSecurity/pss_cd.pdf)

Name:	SSN or DCJS ID Number:
Compliance Agent Signature:	Date:

Additional Compliance Agents

Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:

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: _____
 President/Principal Owner mm/dd/yy

Printed Name: _____

CHECK LIST OF ITEMS TO INCLUDE:

- Renewal License Fee—\$500.00
- Reinstatement Fee—\$250.00 (if applicable)
- If applicable, Additional License Category Fee(s)—\$50.00
- For all new principles of the business:
[Fingerprint Application Form](#), Fingerprint Card and Fee—\$50.00
- Proof of Liability – Surety Bond or Certificate of General Liability Insurance
- If applicable – [Irrevocable Consent for Service Form](#)

TOTAL FEES ENCLOSED: _____

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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) 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.