



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**  
P.O. Box 1300 • Richmond, Virginia 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

## Compliance Agent – CERTIFICATION IN-SERVICE APPLICATION – FEE \$50.00

### IMPORTANT INFORMATION

- The application is for IN-SERVICE training enrollment and certification.
- If your **current certification has expired**, you may attend in-service training within **30 Days** after the expiration date with an **additional \$25.00 delinquent training fee**. If 30 days has elapsed, this application cannot be processed and all initial certification requirements will need to be met. For additional information, go online to [www.dcjs.virginia.gov/pss/business/ca/](http://www.dcjs.virginia.gov/pss/business/ca/).

### Applicant Information

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

### Employment Information

Business Name:	DCJS ID Number:
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### Training Date / Location Requested – Accommodations

Date:	Location:
Do you require Disability Accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If <b>YES</b> , please specify:	

### Criminal History

Have you **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    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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf) and all requested criminal history documentation.

No

### 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.**

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) must be mailed with your application package.

Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218