

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov/pss</u>

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

Private Security Services – TRAINING SCHOOL COMPLIANCE INSPECTION					
Information					
Date: School Number:	Audit Nun	nber:			
Training School:	Training School Director:				
Mailing Address (Street/Apt.#):	City, State, Zip:				
Physical Address (if different that mailing address):	City, State, Zip:				
Email Address:	Contact Name:				
Business Phone: ()	Fax: ()				
PART 1 – General Provisions					
 School address, 6 VAC 20-171-250.1 Designated training director, 6 VAC 20-171-250.2 Notification: Instructors or SMS, 6 VAC 20-171-250.5 Display training school certification, 6 VAC 20-171-250.6 Liability insurance, 6 VAC 20-171-250.7 Notification of convictions, 6 VAC 20-171-250.8 Any change in ownership, 6 VAC 20-171-250.10 Any change in operating name, 6 VAC 20-171-250.11 Any change in entity, 6VAC 20-171-250.12 Maintain authorization for SMS, 6 VAC 20-171-250.13 Lesson plans/each training subject, 6 VAC 20-171-250.13 Lesson plans/each trianing subject, 6 VAC 20-171-250.15 Lesson plans/in-service subject, 6 VAC 20-171-250.16 Lesson plans/each firearms subject, 6 VAC 20-171-250.17 Date lesson plans/handouts, 6 VAC 20-171-250.18 Ensure DCJS has current copies of the following: 6 VAC 20-171-250.19 List of all training locations List of all SMSCurrent copies C 20-171-250.21 Utilize certified instructors, 6 VAC 20-171-260.3 attendance records master final examination pass/fail recording of exam and firearms scores training completion forms/each student for 3 years School number/advertising materials, 6 VAC 20-171-260.7 Session Notification Forms, 6 VAC 20-171-300.B.1 Changes-TSN Form, 6 VAC 20-171-300.B.2 	Comp.	Non/Comp.			

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Comments/Violations (you may include additional pages if needed)				
Database update needed:	□No	Additional forms attached: Yes No		
Inspection Acknowledgement				
The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected by, and that administrative action may occur as a result of this inspection.				
Investigator Signature	Date	School Director's Signature Date		
Print Name		Print Name		

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