



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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(804) 786-1132
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Locksmith – EXPERIENCE VERIFICATION FOR ENTRY-LEVEL TRAINING WAIVER

IMPORTANT INFORMATION

Notwithstanding any other provision of this article (§ [9.1-140.1](#)), unless an applicant is found by the Board to have engaged in any act that would constitute grounds for disciplinary action, the Board shall issue a registration, without examination, to any applicant who provides satisfactory proof to the Board of having been actively and continuously providing locksmith services immediately prior to July 1, 2008, for at least two years.

This form is for ENTRY-LEVEL training credit only for Locksmith.

- **Required Documentation** with application: Documentation demonstrating a minimum of two (2) consecutive years of service as a locksmith. Documentation may include local business licenses, letters of employment or other verification.

Applicant Information

SSN or DCJS ID:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Business Name:		DCJS ID Number: 11-	
Business Address:		City, State, Zip:	
Email Address:			
Home Phone: () -	Business Phone: () -	Fax: () -	

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