

Commonwealth of Virginia Campus Security Officer (CSO) Request for Waiver of Instructor Approval Qualifications

In accordance with Virginia State Regulation 6 VAC 20-270, the Virginia Department of Criminal Justice Services may approve instructors to deliver Campus Security Officer curriculum training and may revoke such approval for just cause. Applicants for instructor approval may submit a waiver application form for review by the Department outlining previous instructor training or related experience. The Department reserves the right to review each waiver application and evaluate qualifications and experience on an individual basis.

Please place cursor on the first form field, and use the "tab" key to move through fields. Upon completion, please "save" this form to your computer. Then, email the form as an attachment to Melissa Leigh, Law Enforcement Services Division, Virginia Department of Criminal Justice Services c/o melissa.leigh@dcjs.virginia.gov. For purposes of a signature, please be certain that both the Applicant and the Contact Person's email address appear in your e-mail address routing window.

Applicant Name: _____ Title: _____

Applicant Phone: _____ Email: _____

Applicant Employer: _____

Employer's Address: _____

Employer's CSO Point of Contact Name: _____

CSO Point of Contact Phone: _____ Email: _____

1.) Waiver is being sought of the following qualification(s) because the proposed instructor (*Check all that apply*):

does not possess a high school diploma or equivalent (GED, etc.).

If applicant does possess diploma,
please provide school (or equivalent) name & location here: _____

has not successfully completed one year of demonstrated teaching/instructor experience in an accredited educational institution, law enforcement or security agency.

does not possess a minimum of 2 years management/supervisory experience as a campus security officer or supervisory experience with any federal, state, county or municipal law-enforcement agency; **OR** does not have 3 years general experience as a campus security officer, or with federal, state, or local law-enforcement in a related field.

2.) Please provide any additional information relative to that indicated above here:

_____.

3.) Please attach any supporting documentation which you feel would enhance your application for waiver (e.g., resume, letters of recommendation, training & certification documentation, etc).

I, the applicant indicated above, do hereby certify that all entries and attachments to this application are true and complete. I understand that all information is subject to verification. I successfully completed the mandated entry-level Campus Security Officer Certification Training as offered by _____ (sponsor) on _____ (date, MM-DD-YY).

Applicant initials: _____

I, the designated contact person for the employer indicated above, request the Department approve this applicant for instructorship in the delivery of the Campus Security Officer curriculum.

Contact Person initials: _____

Date: _____

Please submit completed application and supporting documentation as indicated above.

FOR OFFICIAL DCJS USE ONLY

Instructor approval is granted for the above applicant based on the documentation outlined and included with this waiver request submittal.

Signature: _____ Title: _____

Date: _____