

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 – INSTRUCTOR APPLICATION 2-YEAR CERTIFICATION FEE – \$100.00

IMPORTANT INFORMATION

- ➤ A Fingerprint Application, Fingerprint Card, and \$50.00 non-refundable fee is required for registration pursuant to § 9.1-145.A of the *Code of Virginia*. Please ensure that a fingerprint package is submitted within 90 days of submitting the Instructor Application. Note: a criminal history records check may take up to 45 days to process.
- ➤ A DCJS instructor development course training must be completed within the 3 years prior to your application for certification, or submit a partial training exemption application for an instructor development course that meets or exceeds standards established by the DCJS. For additional information, please go online at www.dcjs.virginia/pss.
- > Third Party Documentation verifying the types and dates or experience must be attached to this application. To be eligible the experience must be either:

Three (3) years managerial/supervisory experience in a private security services business, a federal, military police, state, or local law enforcement agency or in related field

OR

Five (5) years general experience in private security or a related field

OR

One (1) year experience as an instructor or teacher at an accredited educational institution or agency in the subject matter for which certification is requested or in a related field

➤ If requesting to become a certified firearms instructor, a range qualification completed with a **Virginia** Criminal Justice Agency, Academy, Correctional Department or Certified Private Security School is required. The qualification must be with a semi-automatic handgun, revolver, AND shotgun at 85% or better.

Instruction Category(s) Requested (check each that apply)								
☐ Private Investigator ☐ Cer ☐ Personal Protection Specialist ☐ Ele ☐ Armored Car Personnel ☐ Ele ☐ Alarm Respondent ☐ Loc ☐ Security Officer Core Subjects ☐ Sec ☐ Armed Security Officer Arrest Authority ☐ Bai					ntral Station Dispatcher ectronic Security Technician ectronic Security Sales Representative ecksmith curity Canine Handler il Bondsman il Enforcement Agent			
Firearms Instruction Category(s) Requested (check each that apply)								
	☐ Handgun ☐ Shotgun			☐ Adv. Handgun				
Applicant Information								
SSN or DCJS ID Number:	Last Name:			First Name: MI:			MI:	
Mailing Address (Street/Apt.#):				City, State, Zip:				
Email Address:								
Home Phone: () Business Phone: ()			Fax: ()					
Employment Information								
Business/School Name: :						DCJS ID Number:		

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Affirmation	
I, the undersigned, certify that all information contained on this application is true and I have not omitted any pertinent information. I understand that any misrepres pertinent information may be cause for denial and may result in criminal charges. maintaining full compliance with <i>Virginia Code</i> Sections 9.1-138 through 9.1-150 Security Services 6 VAC 20-171.	entation, falsification or omission of I understand that I am responsible for
Signature Required:	Date: mm/dd/yy

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 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.

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