



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)

Certification Application

To designated Virginia Campus Security Officer's Point of Contact (POC): *In order to conform to Virginia State Regulation 6 VAC 20-270, all colleges and universities employing college, university, or private security companies must submit to the Virginia Department of Criminal Justice (DCJS) a properly completed and signed application for certification on behalf of the Campus Security Officer (CSO) in a format provided by DCJS. This form is required by DCJS before certification as a Campus Security Officer is issued and compliance with the regulation is complete.*

CSO Name (First, MI, Last): _____

CSO Email Address: _____

CSO Driver's License No. : _____ State of License: _____

Employer: _____

Date of Hire: _____ Date of Basic Certification Training: _____

In accordance with 6 VAC 20-270-30 *Initial Certification and Training Requirements for Campus Security Officers*, all applicants for Campus Security Officer Certification must meet the following conditions. The above-named applicant:

1. is a United States citizen or legal resident eligible under United States law for employment in the United States.
2. has undergone a background investigation that complies with the employer's policy for this position.
3. results of such background inquiries were examined by the employer.
4. has a high school diploma, General Education Development diploma, or other accepted secondary school credential.
5. is a minimum of 18 years of age.
6. **(if applicable by duties of office)** possesses a valid driver's license by his or her state of residence to operate a motor vehicle.
7. has successfully completed first aid training, the content of which was determined by the employer.
8. has successfully completed *ICS-100.HE – Introduction to the Incident Command System (ICS-100) for Higher Education* as provided by FEMA's Emergency Management Institute.
9. has complied with compulsory minimum entry-level training standards.

I, the Campus Security Officer Point of Contact for the Employer, certify that all conditions above (1–8; 9 if applicable) have been met. I understand that all information on this application is subject to verification.

CSO Point of Contact Name: _____

CSO Point of Contact Driver's License No.: _____ State of License: _____

Date: _____

Please submit the completed form with documentation to DCJS

By mail: Virginia Department of Criminal Justice Services, Division of Law Enforcement Services, 1100 Bank Street, Richmond, VA 23219

By fax: 804-786-0410 or *By email:* jessica.smith@dcjs.virginia.gov