



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

---

## **Instructor Application**

*In accordance with 6 VAC 20-270, the Virginia Department of Criminal Justice Services (DCJS) may approve instructors to deliver Campus Security Officer training and may revoke such approval for cause. (Applicants for instructor approval may submit a waiver application form for review by the Department outlining previous instructor training or related experience.)*

Applicant Name (First, MI, Last): \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Driver's License No.: \_\_\_\_\_ State of License: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's CSO Point of Contact Name: \_\_\_\_\_

CSO Point of Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

The Virginia Administrative Code Regulation 6 VAC 20-270 outlines the following requirements for instructors (*please check all applicable requirements for 1, 2, and 3*):

1.  possesses a high school diploma or equivalent (GED, etc.)

**OR**

School or equivalent name & location: \_\_\_\_\_  
\_\_\_\_\_

2.  possesses a minimum of one (1) year experience and demonstrated success as an instructor or teacher in an accredited educational institution or law enforcement or security agency.

3.  two (2) years management or supervisory experience as a campus security officer or supervisory experience with any federal, state, county or municipal law-enforcement agency in a related field;

**OR**

three (3) years general experience as a campus security officer, or with a federal, state or local law-enforcement agency in a related field.

---

I, the applicant for instructorship, do hereby certify that all entries on this application are true and complete. I understand that all information on this application is subject to verification. I have read the Standards of Conduct as they pertain to Campus Security Officer Instructors and as provided in Regulation 6 VAC 20-270 and will abide by all requirements.

Applicant for instructor initials: \_\_\_\_\_ Date: \_\_\_\_\_

---

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

Point of Contact's Name: \_\_\_\_\_

Point of Contact's 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](mailto:jessica.smith@dcjs.virginia.gov)

---