

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 - SCHOOL DIRECTOR DESIGNATION / REMOVAL FORM

IMPORTANT INFORMATION

- ➤ This application may take approximately 5 to 7 business days to process.
- > This application allows for the addition or deletion of School Director

| This application allows for the addition of deletion of School Director. | | | |
|---|---|----------------------------------|---|
| Information | | | |
| DCJS ID Number: 88- | Training School Name: | | Trading As: |
| Mailing Address (Street/Apt.#): | | | City, State, Zip: |
| Physical Address (if different than mailing address): | | | City, State, Zip: |
| Email Address: | | | |
| Business Phone: () Fax: (| | Fax: () | |
| Addition/Deletion | | | |
| Addition of School Director (A | ADD) | | |
| Name: | | DCJS ID Number: 99- | |
| Deletion of School Director (F | REMOVE) | | |
| Name: | | | DCJS ID Number: 99- |
| Affirmation | | | |
| and I have not omitted any pert pertinent information may be ca maintaining full compliance with Security Services 6 VAC 20-17 | inent information. I understand ause for denial and may result on <i>Virginia Code</i> Sections 9.1-1 | d that any mis in criminal ch | n is true and correct to the best of my knowledge srepresentation, falsification or omission of harges. I understand that I am responsible for 0.1-150 and the Regulations Relating to Private |
| Signature Required: Principal/Owner | | | Date: mm/dd/yy |
| Signature Required: Designated School Director | | | Date: mm/dd/yy |

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