



**Private Security Services –
 RENEWAL TRAINING SCHOOL APPLICATION 2-YEAR CERTIFICATION – FEE \$500.00**

IMPORTANT INFORMATION

- A [Fingerprint Application](#), Fingerprint Card, and \$50.00 non-refundable fee is required for all **NEW** Principals (Owners/Officers/Directors). Please ensure that a fingerprint package is submitted within 90 days of submitting the License Application. Note: a criminal history records check may take up to 45 days to process.
- FOR NEW CATEGORY(S) of TRAINING: Enclose the following documents with application: (1) Curriculum outlines for each category selected, (2) Copy of school regulations, (3) Copy of training certificates issued to students, (4) Copy of range safety rules (if applicable).
- Attach proof of liability, either \$100,000 [Surety Bond](#) or General Liability \$100,000/\$300,000 Certificate of Insurance.
- If the current certification is expired, you may reinstate your certification providing all renewal requirements are met; and an additional, non-refundable reinstatement fee of **\$250.00** is submitted to the department within **60 days** following the expiration date of your certification. If 60 days has elapsed, this application cannot be processed and all initial certification requirements will need to be met. For additional information, please access the agency website.

Applicant Information

DCJS ID Number: 88-	School Name:	Trading As:
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address (if different than mailing address):		City, State, Zip:
Physical Address Where Records are Maintained:		City, State, Zip:
Range for Firearms Training:		Phone: ()
Email Address:		Contact Name:
Business Phone: ()	Fax: ()	

Category of training to be provided (check all that apply)

<input type="checkbox"/> 01E Security Officer Core Subjects	<input type="checkbox"/> 32E Personal Protection Specialist	<input type="checkbox"/> 07E Handgun Training
<input type="checkbox"/> 02E Private Investigator	<input type="checkbox"/> 35E Electronic Security Technician	<input type="checkbox"/> 07R Handgun Re-Training
<input type="checkbox"/> 03E Armored Car Personnel	<input type="checkbox"/> 38E Central Dispatcher	<input type="checkbox"/> 08E Shotgun Training
<input type="checkbox"/> 04E Security Canine Handler	<input type="checkbox"/> 39E Electronic Security Sales Representative	<input type="checkbox"/> 08R Shotgun Re-Training
<input type="checkbox"/> 05E Armed Security Officer Arrest Authority	<input type="checkbox"/> 40E Bail Bondsman	<input type="checkbox"/> 09E Advanced Handgun Training
<input type="checkbox"/> 06E Special Conservator of the Peace Core Subjects	<input type="checkbox"/> 44E Bail Enforcement Agent	<input type="checkbox"/> 09R Advanced Handgun Re-Training
<input type="checkbox"/> 30E Electronic Security Subjects	<input type="checkbox"/> Locksmith	

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<input type="checkbox"/> 30I Electronic Security Subjects	<input type="checkbox"/> 44I Bail Enforcement Agent
	<input type="checkbox"/> Locksmith

Type of Ownership (check one)	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation*
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company*
<input type="checkbox"/> Other _____	<input type="checkbox"/> Limited Partnership*
* Virginia State Corporation Commission Number: _____ Business/trade name must be registered with the Virginia State Corporation Commission (SCC). For additional information contact the SCC at (804) 371-9733.	
Criminal History	
Have you been convicted or found guilty of a felony or misdemeanor (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two years ?	
<input type="checkbox"/> Yes * <input type="checkbox"/> No	
* If Yes , please attach a Private Security Criminal History Supplement Form and all requested criminal history documentation.	
List all NEW Owners / Officers / Directors	
Name:	SSN or DCJS ID Number: 99-
Name:	SSN or DCJS ID Number: 99-
NEW Training Administration	
Training Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
List all NEW Instructors eligible to instruct for Training School not listed as Director or Asst.	
Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:
Affirmation	
I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.	
Signature Required: _____	Date: _____
President/Principal Owner	mm/dd/yy
Printed Name: _____	

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.