



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

Training Class Request

REQUESTED BY

Instructor Name (First, MI, Last): _____

Instructor Phone: _____ Email: _____

Employer/ College Point of Contact: _____

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

HOST INFORMATION

Host Locality (college or business): _____

On-Site Classroom Training Dates: _____

On-Site Daily Classroom Start Time: _____

On-Site Daily Classroom End Time: _____

Number of Students to be Trained: _____

Number of Seats Available to Other Organizations: _____

ON-SITE CLASSROOM TRAINING LOCATION

Facility Name: _____

Street, City, State, Zip: _____

Phone Number: _____

Email (if applicable): _____

Training materials (curriculum, instructor content, tests/answer keys, and class roster) are currently provided to instructors in an electronic file format. Test questions *may* be randomly generated from a test bank and new test files may be provided upon receipt of your training class request.

Upon completion of your classroom training, please mail the completed tests, as well as your class roster to *DCJS, Division of Law Enforcement, Attn.: CSO Training Class, 1100 Bank Street, Richmond, VA 23219*. Please have students provide a legible e-mail address on the class roster so they may receive a digital copy of their Campus Security Officer certificate. If you prefer to have the certificate sent to the Employer Point of Contact, please indicate so on the class roster.

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
