



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**Private Security Services –**  
**FIREARMS INSTRUCTOR IN-SERVICE TRAINING ENROLLMENT – FEE \$50.00**

**IMPORTANT INFORMATION**

- The application is for IN-SERVICE training enrollment.
- You must maintain general instructor certification to be eligible to renew firearms instructor certification.

**Training Date / Location Requested – Accommodations**

|   |           |
|---|-----------|
| Date:   | Location: |
| Do you require disability accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes* |           |
| *If YES, please specify:  |           |

**Applicant Information**

|                                 |                     |                   |     |
|---------------------------------|---------------------|-------------------|-----|
| DCJS ID Number:<br>99-          | Last Name:          | First Name:       | MI: |
| Mailing Address (Street/Apt.#): |                     | City, State, Zip: |     |
| Email Address:                  |                     |                   |     |
| Home Phone: ( )                 | Business Phone: ( ) | Fax: ( )          |     |

**Employment Information**

|              |                        |
|--------------|------------------------|
| School Name: | DCJS ID Number:<br>88- |
|--------------|------------------------|

**Type of Firearm(s) (Check all that apply)**

Revolver  Semi-automatic Handgun  Shotgun

**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: \_\_\_\_\_  
mm/dd/yy

**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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf)  
— this form must be included with your application package when paying by credit card.