



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

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

Private Security Services – IRREVOCABLE CONSENT FOR SERVICE

IMPORTANT INFORMATION

This application is for businesses/training schools located outside the State of Virginia.

Information

Business or Training School Name:		Trading As:	
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Compliance Agent or Training Director:		DCJS ID Number 99-	
Email Address:			
Business Phone: () -		Fax: () -	

Irrevocable Consent

WHEREAS, I, or WE, the above-names applicant for license privileges as a Private Security Services Business, trading and/or operating individually, or for or under the firm name of _____, have made application for a license to act as a Private Security Services Business, Non-Resident, within the Commonwealth of Virginia, in accordance with the provisions of Chapter 27, Title 9, of the *Code of Virginia*, 1950 As Amended.

WHEREAS, under the provisions of said Chapter, it is necessary to file with the Director, Department of Criminal Justice Services, Richmond, Virginia, and irrevocable consent that actions against the subscriber(s) may be filed in any appropriate court of any county or municipality of this Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director or the Department. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

NOW, THEREFORE, I, or WE, _____, the above names applicant for license privileges as a Private Security Services Business as aforesaid, hereby execute and file with the Director of the Department of Criminal Justice Services my (or our) Irrevocable Consent the actions against subscriber(s) may be filed in any appropriate court or municipality of the Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director of the Virginia Department of Criminal Justice Services. Such consent shall stipulate and agree that such services of process shall be valid and binding for all purposes.

IN WITNESS WHEREOF, I or WE, _____ have hereunto signed our name this ____ day of _____, 20____.

Signature of Principal or Owner

Signature of Compliance Agent

NOTARY: Commonwealth of _____

County/City _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Name (Print): _____ My Commission Expires: _____

Signature: _____ Date: _____