



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

P.O. Box 1300 • Richmond, Virginia 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

**Compliance Agent –  
INITIAL CERTIFICATION APPLICATION CLASSROOM TRAINING – FEE \$100.00**

**IMPORTANT INFORMATION**

Third Party Documentation verifying the types and dates of experience must be attached to this application. ([Acceptable Documentation](http://www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm) may be found online at [www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm](http://www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm))

- To be eligible the experience must be either:
  - Three (3) years of managerial or supervisory experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.
- OR**
- Five (5) years experience in a private security services business, with a federal, state, or local law enforcement agency, or in a related field.

**Applicant Information**

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Employment Information**

Business Name:	DCJS ID Number:
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**Training Date / Location Requested – Accommodations**

Date:	Location:
Do you require Disability Accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If <b>YES</b> , please specify:	

**Type of Experience** (must attach third party documentation verifying experience)

<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other Related Field**
<input type="checkbox"/> Private Security Services*	**Field(s): _____
*Category(s): _____	

**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

**Applications are valid for 12 months from the date of submittal**

**All fees are non-refundable. Applications received without payment will be returned.**

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) must be mailed with your application package.  
Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218