



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

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

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: \_\_\_\_\_