Commonwealth of Virginia
Application for Certification of Campus Security Officer (CSO)

To Designated Virginia Campus Security Officer Contact Person (CP): In order to conform to Virginia State Regulation 6 VAC 20-270, employing college, university or private security companies must submit to the Department a properly completed and signed application for certification on behalf of the Campus Security Officer in a format provided by the Department. **This form is required to be signed and received by the Department (DCJS) before certification as a Campus Security Officer is issued and compliance with the regulation is complete.** **(Use tab key to scroll down and complete each field.)**

Applicant Name (including Middle Name): _____

Employer: _____

Date of hire: _____

In accordance with 6 VAC 20-270-30 *Initial Certification and Training Requirements for Campus Security Officers*, all applicants for Campus Security Officer certification must meet the requirements indicated below. By placing your initials in the space provided, the designated campus contact person acknowledges the CSO has met with the corresponding requirement. If not applicable, please indicate with "n/a".

The applicant for certification: (please provide your initials)

____ is a United States citizen or legal resident eligible under United States law for employment in the United States.

____ has undergone a background investigation, including a fingerprint-based criminal history record inquiry of both the Central Criminal Records Exchange (CCRE) and the Federal Bureau of Investigation (FBI).

____ Results of such background inquiries were examined by the employer.

____ has a high school diploma, General Education Development diploma or other accepted secondary school credential.

____ is a minimum of 18 years of age.

____ possesses a valid driver's license by his or her state of residence if required by the duties of office to operate a motor vehicle.

____ has successfully completed basic first aid training (level and substance at the discretion of the employer).

____ has successfully completed ICS-100.HE - Introduction to the Incident Command System (ICS-100) for Higher Education as provided by FEMA's Emergency Management Institute.

____ has complied with compulsory minimum entry-level training requirements.

By my electronic mail signature to this document, I do hereby certify that all entries on this application are true and complete. I understand that all information on this application is subject to verification.

Name: _____ *(Designated CSO Contact Person)*

*Date:*_____

Please submit completed application to: Melissa Leigh, Law Enforcement Services Division, Virginia Department of Criminal Justice Services at **melissa.leigh@dcjs.virginia.gov**.