



**Private Security Services –  
 TRAINING SCHOOL APPLICATION 2-YEAR CERTIFICATION – FEE \$800.00**

**IMPORTANT INFORMATION**

- A [Fingerprint Application](#), Fingerprint Card, and \$50.00 non-refundable fee is required for all Principals (Owners/Officers/Directors). Please ensure that a fingerprint package is submitted within 90 days of submitting the License Application. Note: a criminal history records check may take up to 45 days to process.
- Enclose the following documents with application: (1) Curriculum outlines for each category selected, (2) Copy of school regulations, (3) Copy of training certificates issued to students, (4) Copy of range safety rules (*if applicable*).
- Attach proof of liability, either \$100,000 [Surety Bond](#) or General Liability \$100,000/\$300,000 Certificate of Insurance.
- If the company is located outside the Commonwealth of Virginia, please attach an [Irrevocable Consent for Service form](#).

**Applicant Information**

Federal ID Number:	School Name:	Trading As:
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address (if different than mailing address):		City, State, Zip:
Physical Address Where Records are Maintained:		City, State, Zip:
Email Address:	Contact Name:	
Business Phone: ( )	Fax: ( )	
Range for Firearms Training:		Phone: ( )

**Type of Ownership (check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation*               |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company* |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Limited Partnership*       |

\* Virginia State Corporation Commission Number: \_\_\_\_\_  
*Business/trade name must be registered with the Virginia State Corporation Commission (SCC). For additional information contact the SCC at (804) 371-9733.*

**List all Owners / Officers / Directors**

Name:	SSN or DCJS ID Number: 99-
Name:	SSN or DCJS ID Number: 99-
Name:	SSN or DCJS ID Number: 99-
Name:	SSN or DCJS ID Number: 99-

**List all Instructors eligible to instruct for Training School (not listed as Director or Asst.)**

Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:

**Category of training to be provided (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> 01E Security Officer Core Subjects           | <input type="checkbox"/> 30E Electronic Security Subjects             |
| <input type="checkbox"/> 02E Private Investigator                     | <input type="checkbox"/> 35E Electronic Security Technician           |
| <input type="checkbox"/> 03E Armored Car Personnel                    | <input type="checkbox"/> 38E Central Dispatcher                       |
| <input type="checkbox"/> 04E Security Canine Handler                  | <input type="checkbox"/> 39E Electronic Security Sales Representative |
| <input type="checkbox"/> 05E Armed Security Officer Arrest Authority  | <input type="checkbox"/> 40E Bail Bondsman                            |
| <input type="checkbox"/> 30E Electronic Security Subjects             | <input type="checkbox"/> 44E Bail Enforcement Agent                   |
| <input type="checkbox"/> 32E Personal Protection Specialist           | <input type="checkbox"/> 06E Special Conservator of the Peace         |
| <input type="checkbox"/> 35E Electronic Security Technician           | <input type="checkbox"/> 07E Handgun Training                         |
| <input type="checkbox"/> 38E Central Dispatcher                       | <input type="checkbox"/> 08E Shotgun Training                         |
| <input type="checkbox"/> 39E Electronic Security Sales Representative | <input type="checkbox"/> 09E Advanced Handgun Training                |
| <input type="checkbox"/> 25E Locksmith                                |   |

- |   |   |
|---|---|
| <input type="checkbox"/> 01I Security Officer Core Subjects           | <input type="checkbox"/> 30I Electronic Security Subjects             |
| <input type="checkbox"/> 02I Private Investigator                     | <input type="checkbox"/> 35I Electronic Security Technician           |
| <input type="checkbox"/> 03I Armored Car Personnel                    | <input type="checkbox"/> 38I Central Dispatcher                       |
| <input type="checkbox"/> 04I Security Canine Handler                  | <input type="checkbox"/> 39I Electronic Security Sales Representative |
| <input type="checkbox"/> 30I Electronic Security Subjects             | <input type="checkbox"/> 40I Bail Bondsman                            |
| <input type="checkbox"/> 32I Personal Protection Specialist           | <input type="checkbox"/> 44I Bail Enforcement Agent                   |
| <input type="checkbox"/> 35I Electronic Security Technician           | <input type="checkbox"/> 06I Special Conservator of the Peace         |
| <input type="checkbox"/> 38I Central Dispatcher                       | <input type="checkbox"/> 07R Handgun Training                         |
| <input type="checkbox"/> 39I Electronic Security Sales Representative | <input type="checkbox"/> 08R Shotgun Training                         |
| <input type="checkbox"/> 25I Locksmith                                | <input type="checkbox"/> 09R Advanced Handgun Training                |

**Training Administration**

Training Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:

**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: \_\_\_\_\_  
 President/Principal Owner mm/dd/yy

Printed Name: \_\_\_\_\_

**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.