



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

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

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|---|
| Status Hotline<br>(804) 786-1132<br>1-877-9STATUS |
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**Private Security Services –  
 INITIAL REGISTRATION APPLICATION 2-YEAR REGISTRATION – FEE \$25.00**

**IMPORTANT INFORMATION**

- A [Fingerprint Application](#), Fingerprint Card and \$50.00 non-refundable fee are required for licensure. The fingerprint package must be submitted within 90 days of submitting the License Application. Please note, a criminal history records check may take up to 45 days to process.
- If you are going to carry or have access to a firearm you must also maintain a Firearms Endorsement and complete all required firearms training. For additional information and forms, please access the [Firearms Endorsement link](#) on the [Virginia Department of Criminal Justice Services \(DCJS\)](#) website.
- Entry-level training must be completed within the 12 months prior to your application for a registration.

**Applicant Information**

|   |                        |                   |              |
|---|------------------------|-------------------|--------------|
| SSN or DCJS ID Number:                                | Last Name:             | First Name:       | MI:          |
| Mailing Address (Street/Apt.#):                       |                        | City, State, Zip: |              |
| Physical Address (if different than mailing address): |                        | City, State, Zip: |              |
| Email Address:  |                        |                   |              |
| Home Phone: (    )                                    | Business Phone: (    ) | Fax: (    )       |              |
| Employer Business Name:                               |                        |                   | DCJS ID: 11- |

**Registration Category (check each that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Private Investigator                 | <input type="checkbox"/> Unarmed Security Officer/Courier       | <input type="checkbox"/> Electronic Security Technician Asst. |
| <input type="checkbox"/> Armored Car Personnel                | <input type="checkbox"/> Armed Security Officer/Courier         | <input type="checkbox"/> Electronic Security Technician       |
| <input type="checkbox"/> Alarm Respondent                     | <input type="checkbox"/> Security Canine Handler                | <input type="checkbox"/> Electronic Security Sales Rep        |
| <input type="checkbox"/> Armed Personal Protection Specialist | <input type="checkbox"/> Central Station Dispatcher             | <input type="checkbox"/> Locksmith                            |
|   | <input type="checkbox"/> Unarmed Personal Protection Specialist |   |

**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

**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](#) 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.