



**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)

Status Hotline (804) 786-1132 1-877-9STATUS
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**Private Security Services –  
 INITIAL BUSINESS LICENSE APPLICATION 2-YEAR LICENSE – FEE \$800.00**

**IMPORTANT INFORMATION**

- A Fingerprint Application, Fingerprint Card, and \$50.00 non-refundable fee is required for all principals (Owners/Officers/Directors) of the business. Please note a criminal history records check may take up to 45 days to process. The [Fingerprint Application](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_fp.pdf) is available online at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_fp.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_fp.pdf).  
 - Fingerprint Cards may be ordered online [www.dcjs.virginia.gov/forms/privatesecurity/fingerPrintCards.cfm](http://www.dcjs.virginia.gov/forms/privatesecurity/fingerPrintCards.cfm)
- The license application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** license category selected.
- Please attach proof of liability: A Surety Bond (minimum \$100,000) **or** Certificate of General Liability Insurance (minimum \$100,000/\$300,000). Please ensure the Department is listed as a certificate holder.
- For all businesses located outside the Commonwealth of Virginia attach an [Irrevocable Consent for Service form](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_irc.pdf) available online at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_irc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_irc.pdf). Please list a physical address in Virginia where records will be maintained.

**Applicant Information**

Federal ID Number:	Business Name:
DBA/Trade As Name:	
Mailing Address (Street/Apt.#):	City, State, Zip:
Physical Address (if different than mailing address):	City, State, Zip:
Physical Address in Virginia where records are maintained:	City, State, Zip:
Email Address:	
Business Phone: (    )	Fax: (    )

**License Category(s) Requested** *(check each that apply)*

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Private Investigator           | <input type="checkbox"/> Security Officers / Couriers | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Electronic Security Services |                                    |
| <input type="checkbox"/> Armored Car Personnel          | <input type="checkbox"/> Security Canine Handler      |                                    |

**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: \_\_\_\_\_ (if applicable)

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 Principals (Owners / Officers / Directors) attach additional sheet if needed**

Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:

**Primary Compliance Agent** (for additional compliance agents, please complete the form available online at [www.dcjs.virginia.gov/forms/privateSecurity/pss\\_cd.pdf](http://www.dcjs.virginia.gov/forms/privateSecurity/pss_cd.pdf))

Name:	SSN or DCJS ID Number:
Compliance Agent Signature:	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: \_\_\_\_\_

- CHECK LIST OF ITEMS TO INCLUDE:**
- Initial License Fee—\$800.00
  - If applicable, Additional License Category Fee(s)—\$50.00
  - For all principles of the business:
    - [Fingerprint Application Form](#), Fingerprint Card and Fee—\$50.00
  - Proof of Liability – Surety Bond or Certificate of General Liability Insurance
  - If applicable – [Irrevocable Consent for Service Form](#)
- TOTAL FEES ENCLOSED: \_\_\_\_\_**

**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.