

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

P.O. Box 1300 • Richmond, Virginia 23218 Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov/pss</u>

Status Hotline (804) 786-1132 1-877-9STATUS

## COMPLIANCE AGENT INITIAL CERTIFICATION APPLICATION – FEE \$50.00

## IMPORTANT INFORMATION

Third Party Documentation verifying the types and dates of experience must be attached to this application. (Acceptable Documentation may be found online at www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm)

- To be eligible the experience must be either:
  - o Three (3) years of managerial or supervisory experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.

## OR

- Five (5) years experience in a private security services business, with a federal, state, or local law enforcement agency, or in a related field.
- Required Regulatory Compliance Entry-Level Training must be applied for by separate application

• Required Regulatory Compliance Littly-Level Training must be applied for by separate application.						
Applicant Information						
SSN or DCJS ID Number: Last Name:			First Name: MI:		MI:	
Mailing Address:			City, State, Zip:			
Email Address:				Fax: ( )		
Home Phone: ( )		Business Phone: ( )		Cell: ( )		
Employment Information						
Business Name:				DCJS Business License Number:		
Type of Experience (must attach third party documentation verifying experience)						
☐ Law Enforcement ☐ Pi			vate Security Services*			
			ory(s):			
Other Related Field**						
**Field(s):						
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 <i>Virginia Code</i> 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		

Applications are valid for 12 months from the date of submittal

All fees are non-refundable. Applications received without payment will be returned.

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at www.dcjs.virginia.gov/forms/privatesecurity/pss cc.pdf must be mailed with your application package. Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218

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