



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Private Security Services Section
 P.O. Box 1300
 Richmond, Virginia 23218

www.dcjs.virginia.gov/pss
 (804) 786-4700
 Status Hotline
 (804) 786-1132
 1-877-9STATUS

Additional Registration Category Application – Fee - \$20.00

IMPORTANT INFORMATION:

- This application will add categories to your current Registration. The same expiration date will remain in effect.
- Entry-level training must be completed within the 12 months prior to your application for Registration. For additional information, please access the agency website.
- If adding Armored Car Personnel to your registration, a Fingerprint Application, Fingerprint Card, and \$50.00 non-refundable fee is required for registration pursuant to § 9.1-145.A of the Code of Virginia. Please ensure that a fingerprint package is submitted within 90 days of submitting the Registration Application. Please note a criminal history records check may take up to 45 days to process.

Additional Registration Category(s) Requested: (check each that apply)

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

Applicant Information

DCJS ID Number: 99-	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:			
Home Phone: () -	Business Phone: () -	Fax: () -	

Employment Information

Business Name:	DCJS ID Number: 11-
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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.

Check or money order should be made payable to: Treasurer, Commonwealth of Virginia
 If paying by credit card, please attach a credit card authorization form ([PSS_CC](#))