



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

[www.dcjs.virginia.gov/pss](http://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-
----------------	---------------------

**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](#))