## CRIMINAL HISTORY SUPPLEMENTAL FORM

Form Code: PSS\_CHS

Misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

## **COMMONWEALTH OF VIRGINIA**

**Department of Criminal Justice Services**Private Security Services Section

P.O. Box 1300, Richmond, VA 23218

Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: <a href="http://www.dcjs.virginia.gov/pss">http://www.dcjs.virginia.gov/pss</a>
Status Hotline: (804) 786-1132 or 1-877-9STATUS

1. Applicant Name:  Last Name		
		MI
2. SSN: <b>or</b> DCJS # 99-	Date of Birth	m/dd/vv
3. Please list <b>all convictions</b> in detail below and attach rec		
Conviction:		
Date of Conviction:		Felony
Jurisdiction:		Misdemeanor
Conviction:		
Date of Conviction:		Felony Misdemeanor
Jurisdiction:		
Conviction:		
Date of Conviction:		Felony Misdemeanor
Jurisdiction:		
Please attach additional	sheets of paper if necessary	
4. Are you currently under protective orders?	Yes No	
If yes, Release date:	Please attach a copy of the protect	ctive order.
Required Criminal History Documentation: Please attach the following for each conviction to DCJS: and circumstances of conviction; a certified copy of all a statement on the current status of parole, probation, etc.; pardons, documentation of rehabilitation, restitution of result in a delay or denial of your application.	pplicable criminal conviction(s), and supporting documentation (i.	police and court records; e., reference letters,
I, the undersigned, certify that all information contained knowledge and I have not omitted any pertinent informat omission of pertinent information may be cause for denial	ion. I understand that any misrep	presentation, falsification or
Applicant's Signature	Date:	mm/dd/yy