



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Private Security Services Section

P.O. Box 1300
 Richmond, VA 23218

www.dcjs.virginia.gov/pss
 804-786-4700

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

Renewal Bail Enforcement Agent License Application – 2 Year License Fee - \$200.00

Applicant Information

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

Eligibility Requirements

You are ineligible to be licensed as a Bail Enforcement Agent if you are an employee of a local or regional jail; sheriff's office; state or local police department; or an employee of a Commonwealth's Attorney's Office, The Department of Corrections, Department of Criminal Justice Services, or a local community corrections agency.

Yes No Have you submitted a **fingerprint package** to our department for a Criminal History Check for the purpose of renewal of your bail enforcement agent license within the previous 90 days of this application? If No, you are required to submit a **fingerprint application**, fingerprint card and \$50.00 processing fee. Please be aware fingerprint processing can take up to 45 days for approval.

Yes No Have you satisfactorily completed all mandated in-service training? If you have not completed your in-service training within the 12 months prior to your expiration date, entry-level training will be required in order to obtain licensure.

Yes No Have you, your employees, or your firm committed any act or omission which resulted in a license or legal credential being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body. **If Yes**, please attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

Affirmation

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification, or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with Virginia Code § 9.1-186 et al. and the Regulations Relating to Bail Enforcement Agents –6 VAC 20-260

Print Name: _____

Signature Required: _____ Date: _____

Please ensure you have enclosed the licensure application fee and all required documentation.

All fees are non-refundable. The check or money order should be made payable to: Treasurer, Commonwealth of Virginia.

Attachments: _____