

DUPLICATE/REPLACEMENT PHOTO ID APPLICATION Form Code: PSS_MP2 Fee: \$15, Non-Refundable (Checks payable to: Treasurer, Commonwealth of Virginia)	<i>For Agency Use Only:</i> FEE CODE: RA/RR - 422; UA/UR - 421 Batch # / Date:
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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: <http://www.dcjs.virginia.gov/pss>

The following must accompany this application: Please Note:

- 1. Non-refundable fee of \$15
- Incomplete applications will be returned

Form Reset

Applicant Name:

Last
First
Middle

Social Security #: or DCJS # 99-
(required)

Mailing Address:

Number and Street
City/Town
State
Zip

Physical Address:
(If different)

Number and Street
City/Town
State
Zip

Telephone: Residence: Business: Fax:

Personal E-mail Address:

- **If possible, may the department provide information via your e-mail address?** Yes No

VA Licensed Private Security Business: Business ID#: 11-
(If currently employed by a licensee)

- Have you ever been convicted of a felony or a misdemeanor in Virginia or any other jurisdiction that has not already been reported to the department? Yes No
(If yes, on a separate piece of paper, please give full details, including charge, date, law enforcement agency involved and dispositions.)

Duplicate/Replacement Identification Requested (Check One):

Registration Certification

The undersigned states that he/she is the person who executed this application, that the statements herein contained are true, that he/she has not suppressed any information that might affect this application, and that he/she understands that any misrepresentation or falsification of this application may be cause for denial.

Form Reset

_____ Applicant's Signature

_____ Date