



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

Initial Registration Application – 2 Year Registration – Fee \$25.00

IMPORTANT INFORMATION:

- 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 note a criminal history records check may take up to 45 days to process. The fingerprint application ([PSS_FP](#)) may be downloaded from the website.
 - Fingerprint Cards can be ordered online: ([Order Form](#))
- If you are going to carry **or** have access to a firearm you must also maintain a firearms endorsement ([PSS_RF](#)) and complete all required firearms training. For additional information and forms, please access the agency website.
- Entry-level training must be completed within the 12 months prior to your application for a registration. **NOTE:** Applications for registration as a locksmith may qualify for an exemption to entry-level training. Please review the locksmith training exemption form and attach if applicable.

Applicant Information

SSN or DCJS ID:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Physical Address:		City, State, Zip:	
Email Address:		Fax: () -	
Home Phone: () -		Business Phone: () -	
Employer Business Name:			DCJS ID: 11-

Registration Category (check each that apply)

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

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](#))