

FIREARMS ENDORSEMENT APPLICATION Form Code: PSS_RF Fee Code: 190 Application Fee - \$10.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: www.dcjs.virginia.gov/pss/watson.cfm Application Fees are Non-Refundable	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: www.dcjs.virginia.gov/pss Status Hotline: (804) 786-1132 or 1-877-9STATUS
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1. Applicant Name: _____
Last Name First Name MI

2. Social Security Number _____ **or** DCJS # 99-_____

3. Mailing Address: _____
Number and Street City/Town State Zip

4. Telephone: Residence _____ Business _____ Fax _____

5. May the Department provide information via an e-mail address? Yes No

6. E-Mail Address: _____

7. Are you currently employed by a Private Security Business Yes No

If yes, Business Name: _____ DCJS ID# 11-_____

8. Firearms Endorsement Requested (Check each that applies)

Handgun Shotgun Advanced Handgun

9. Have you completed all required mandated firearms training.

Yes Course Name: _____ Date Completed: _____
mm/dd/yy

Course Name: _____ Date Completed: _____
mm/dd/yy

Course Name: _____ Date Completed: _____
mm/dd/yy

No If No, this application cannot be processed until training has been completed, for more information view our website www.dcjs.virginia.gov/pss or contact our customer service representatives for training requirements.

10. Are you currently registered with DCJS.

Yes DCJS ID # 99-_____ (if you have applied, please indicate pending)

No If no, please complete and submit a registration application. A firearms endorsement will not be issued until a registration application has been submitted and approved.

11. Have you committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

No

Yes If yes, 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.

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.

Applicant's Signature _____ Date: _____
mm/dd/yy