

**INITIAL REGISTRATION APPLICATION
SPECIAL CONSERVATOR OF THE
PEACE**

Form Code: 260

Application Fee - \$60.00

Check or Money Order payable to:
Treasurer, Commonwealth of Virginia
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: <http://www.dcjs.virginia.gov/pss>

1. Applicant Name: _____
Last Name First Name MI

2. Social Security #: _____ **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. Have you **ever been convicted** or **found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial?
 Yes No

If Yes, please attach a **Private Security Criminal History Supplemental Form**(PSS_CHS) and all requested criminal history documentation. *This form may be found on our website <http://www.dcjs.virginia.gov/pss> under Form Name: PSS_CHS.*

8. Have you committed any act or omission, which resulted in a court appointment 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. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

9. Registration category requested:

Unarmed Special Conservator of the Peace

Armed Special Conservator of the Peace

10. Firearms Verification Requested: (Check each that applies)

Handgun

Shotgun

11. Have you completed all required mandated entry-level training or firearms training?

No If No, this application cannot be processed until training has been completed, for more information go to the website <http://www.dcjs.virginia.gov/pss>

Yes If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.

12. Have you completed the required Drug and Alcohol Screening?

No If No, this application cannot be processed. For more information go to the website <http://www.dcjs.virginia.gov/pss>

Yes If Yes, attach a copy of your receipt to the application.

13. Do you understand that you are responsible for maintaining full compliance with Virginia Code Sections 9.1-150.2 through 9.1-150.4, 19.2-13, 15.2-1737 and the Regulations Relating to Special Conservator of the Peace? Yes No

14. Jurisdiction where seeking appointment: _____

15. Please complete and submit a fingerprint application form (PSS_FP), 1 fingerprint card and a \$50.00 processing fee for a national and state criminal history check or this application cannot be processed.

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.

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