

**RENEWAL REGISTRATION APPLICATION
SPECIAL CONSERVATOR OF THE
PEACE**
Form Code: 261
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 #: _____ 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 appointed as a special conservator of the peace and the term on your appointment is not expired? Yes No

If yes, Circuit Court and Expiration: _____

Jurisdiction: _____

8. 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 or currently under protective orders? 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.*

9. Have you completed all required mandated entry-level/in-service or firearms training?

No If no, this application cannot be processed.

Yes If yes, attach third party documentation verifying the type and dates of training. This application cannot be processed without the requested documentation.

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

Handgun

Shotgun

11. Have you committed any act or omission, which resulted in a registration or 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.

12. 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

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