



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

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Status Hotline
(804) 786-1132
1-877-9STATUS

Private Security Services – TRAINING SCHOOL COMPLIANCE INSPECTION

Information

Date:	School Number:	Audit Number:
Training School:		Training School Director:
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address (if different than mailing address):		City, State, Zip:
Email Address:		Contact Name:
Business Phone: ()		Fax: ()

PART 1 – General Provisions

	Comp.	Non/Comp.	N/A
1. School address, 6 VAC 20-171-250.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Designated training director, 6 VAC 20-171-250.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Notification: Instructors or SMS, 6 VAC 20-171-250.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Display training school certification, 6 VAC 20-171-250.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Liability insurance, 6 VAC 20-171-250.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Notification of convictions, 6 VAC 20-171-250.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any change in ownership, 6 VAC 20-171-250.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any change in operating name, 6 VAC 20-171-250.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any change in entity, 6VAC 20-171-250.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Maintain authorization for SMS, 6 VAC 20-171-250.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lesson plans/each training subject, 6 VAC 20-171-250.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Lesson plans/ entry level subject, 6 VAC 20-171-250.15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Lesson plans/in-service subject, 6 VAC 20-171-250.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Lesson plans/each firearms subject, 6 VAC 20-171-250.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Date lesson plans/handouts, 6 VAC 20-171-250.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ensure DCJS has current copies of the following: 6 VAC 20-171-250.19			
a. List of all training locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. List of all firing ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. List of all SMSCurrent copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. C 20-171-250.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Utilize certified instructors, 6 VAC 20-171-260.3			
a. attendance records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. master final examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pass/fail recording of exam and firearms scores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. training completion rosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. training completion forms/each student for 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School number/advertising materials, 6 VAC 20-171-260.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Session Notification Forms, 6 VAC 20-171-300.B.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Changes-TSN Form, 6 VAC 20-171-300.B.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Violations *(you may include additional pages if needed)*Database update needed: ☐ Yes ☐ NoAdditional forms attached: ☐ Yes ☐ No**Inspection Acknowledgement**

The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected by _____, and that administrative action may occur as a result of this inspection.

Investigator Signature Date_____
School Director's Signature Date_____
Print Name_____
Print Name