



**COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218
Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

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

**Private Security Services –
INITIAL REGISTRATION APPLICATION 2-YEAR REGISTRATION – FEE \$25.00**

IMPORTANT INFORMATION

- A [Fingerprint Application](#), Fingerprint Card and \$50.00 non-refundable fee are required for licensure. The fingerprint package must be submitted within 90 days of submitting the License Application. Please note, a criminal history records check may take up to 45 days to process.
- If you are going to carry or have access to a firearm you must also maintain a Firearms Endorsement and complete all required firearms training. For additional information and forms, please access the [Firearms Endorsement link](#) on the [Virginia Department of Criminal Justice Services \(DCJS\)](#) website.
- Entry-level training must be completed within the 12 months prior to your application for a registration.

Applicant Information

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: ()	Business Phone: ()	Fax: ()	
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 |
| <input type="checkbox"/> Armed Personal Protection Specialist | <input type="checkbox"/> Unarmed Personal Protection Specialist | |

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. Applications received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA,
or pay by credit card using the [Credit Card form](#) available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf
— this form must be included with your application package when paying by credit card.