

<p>COMPLIANCE AGENT IN-SERVICE TRAINING ENROLLMENT Form Code: PSS_CT Fee Code: 133 Application Fee - \$50.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: http://www.dcjs.virginia.gov/pss/online/watson.cfm Application Fees are Non-Refundable</p>	<p>COMMONWEALTH OF VIRGINIA <i>Department of Criminal Justice Services</i> Private Security Services Section P.O. Box 1300 Richmond, VA 23218 <i>Phone #: (804) 786-4700; Fax #: (804) 786-6344</i> <i>Website: http://www.dcjs.virginia.gov/pss</i> Status Hotline: (804) 786-1132 or 1-877-9STATUS</p>
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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- _____

NOTE: You may be designated as a compliance agent for only one licensed Private Security Business at a time.

8. Has your current compliance agent certification expired? Yes* No

***If Yes**, pursuant to the Regulations, you may apply for and attend in-service training within 30 days after the expiration date and include an additional \$25.00 delinquent training fee along with your application fee. If 30 days has elapsed, this application may not be processed and entry-level compliance agent training is required.

9. Have you **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 within the past two (2) years? 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 www.dcjs.virginia.gov/pss under Form Name: PSS_CHS.*

10. Have you committed any act or omission which resulted in a license, certification 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.

11. Training Date/Location Requested: Applicants will be enrolled in the training of their choice if available, or the first available session, for which you will receive a confirmation. Training dates and locations may be viewed on the website <http://www.dcjs.virginia.gov/pss>

Date: _____ Location: _____
mm/dd/yy

12. Do you require disability accommodations? No Yes (please specify)

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 6VAC 20-171.

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