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| FIREARMS INSTRUCTOR ENTRY-LEVEL TRAINING ENROLLMENT Form Code: PSS_FE Fee Code:154 Application Fee - \$300.00 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 | 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> <i>Status Hotline: (804) 786-1132 or 1-877-9STATUS</i> |
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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 certified as a General Instructor? Yes No*

**If NO, individuals must be certified as a general instructor to be eligible for Firearms certification. Applicants may apply for and complete the entry level firearms instructor course, but will not be certified as a firearms instructor until certified as a general instructor. View website <http://www.dcjs.virginia.gov/pss> for details.*

8. Which type of firearms will you be utilizing in your instruction? (select all that apply)

Revolver Semi-automatic handgun Shotgun

9. Do you have official documentation of successful qualification, with a minimum range qualification of 85%, with each of the selected firearms:

No If No, this application cannot be processed.

Yes If Yes, please attach third party documentation verifying the type and dates of qualification and a signed range sheet. This application cannot be processed without the requested documentation.

10. Training Date/Location Requested (training dates and locations are located on www.dcjs.virginia.gov/pss).
 For first available date, please leave blank.

Date: _____ Location: _____
mm/dd/yy

11. 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 Section 9.1.138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171. I agree to abide by all rules and regulations of the DCJS firearms instructor program and hold harmless the Commonwealth of Virginia, DCJS and/or its employees from any injury resulting during the training course.

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