

**FIREARMS INSTRUCTOR IN-SERVICE
TRAINING ENROLLMENT**
 Form Code: PSS_FI Fee Code:156
Application Fee - \$50.00
 Check or Money Order payable to:
 Treasurer, Commonwealth of Virginia
 Or apply online: www.dcjs.virginia.gov/pss/online/watson.cfm
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>
Status Hotline: (804) 786-1132 or 1-877-9STATUS

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. Has your current Firearms Instructor certification expired? Yes* No

***If Yes**, pursuant to the Regulations, you may apply for and complete in-service training within 60 days after the expiration date of your certification and include an additional \$25.00 reinstatement fee along with your application fee. If 60 days has elapsed, this application may not be processed and entry-level instructor training is required.

8. Are you certified as a General Instructor? Yes No*

***If NO**, individuals must maintain certification 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 unless certified as a general instructor.

9. Training Date/Location Requested (training dates and locations on <http://www.dcjs.virginia.gov/pss>). For first available date, please leave blank.

Date: _____ Location: _____
mm/dd/yy

10. 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