

GENERAL INSTRUCTOR IN-SERVICE TRAINING ENROLLMENT Form Code: PSS_GI Fee Code: 155 Application Fee - \$50.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: http://www.dcjs.virginia.gov/pss/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 #: _____ **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 General 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. 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

9. 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.

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