IRREVOCABLE CONSENT FOR SERVICE Form Code: PSS_IRC **To be executed by each non-resident business of Virginia applying for licensure with the Department of Criminal Justice**	**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***

Legal Entity Name: _____

Trade or Fictitious Name: _____

Mailing Address: _____
Number and Street City/Town State Zip

Physical Address: _____
(if different than Mailing) Number and Street City/Town State Zip

Compliance Agent: _____

WHEREAS, I, or WE, the above-named applicant for license privileges as a Private Security Services Business, trading and/or operating individually, or for or under the firm name of _____, have made application for a license to act as a Private Security Services Business, Non-Resident, within the Commonwealth of Virginia, in accordance with the provisions of Chapter 27, Title 9, of the Code of Virginia, 1950 As Amended.

WHEREAS, under the provisions of said Chapter, it is necessary to file with the Director, Department of Criminal Justice Services, Richmond, Virginia, an irrevocable consent that actions against the subscriber(s) may be filed in any appropriate court of any county or municipality of this Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director of the Department. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

NOW, THEREFORE, I, or WE, _____, the above names applicant for license privileges as a Private Security Services Business as aforesaid, hereby execute and file with the Director of the Department of Criminal Justice Services my (or our) Irrevocable Consent the actions against subscriber(s) may be filed in any appropriate court or municipality of this Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director of the Virginia Department of Criminal Justice Services. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

IN WITNESS WHEREOF, I or, WE, _____ have hereunto signed our name

this _____ day of _____, 20___.

_____ _____
Signature of Principal Owner Signature of Compliance Agent

Notary: Commonwealth of _____ County/City: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Name: (Print) _____ My Commission Expires: _____
mm/dd/yy

Signature: _____ Date: _____
mm/dd/yy