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| <b>PRIVATE CRIME PREVENTION PRACTITIONER<br/>         CERTIFICATION APPLICATION</b><br>Form Code: PSS_JC v.10.03<br><b>Application Fee - \$25.00</b><br>Check or Money Order payable to:<br>Treasurer, Commonwealth of Virginia<br><b>Application Fees are Non-Refundable</b> | <b>COMMONWEALTH OF VIRGINIA</b><br><i>Department of Criminal Justice Services</i><br><b>Private Security Services Section</b><br><b>P.O. Box 1300, Richmond, VA 23218</b><br><i>Phone #: (804) 786-4700; Fax #: (804) 786-6344</i><br><i>Websites: <a href="http://www.dcjs.virginia.gov">www.dcjs.virginia.gov</a> &amp; <a href="http://www.vcpa.org">www.vcpa.org</a></i><br><b>Program Coordinator (804)786-5664</b> |
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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 information be provided via e-mail?  No  Yes - E-Mail Address: \_\_\_\_\_

6. Are you currently employed by a Private Security Business?  Yes  No

If yes, Business Name: \_\_\_\_\_ DCJS ID# 11- \_\_\_\_\_

7. Have you been certified by DCJS as a General Instructor within the past five (5) years?  
 Yes If Yes, please attach documentation verifying the dates, location and certificate of training.  
 No If No, have you completed a comparable instructor development course, please provide dates, location and certificate of training.

8. Have you completed twenty-four (24) hours of introductory crime prevention training in accordance with program guidelines?  
 Yes If Yes, please attach third party documentation verifying the dates, location and certificate of training. This application cannot be processed without the requested documentation.  
 No If No, this application cannot be processed until training is completed.

9. Have you completed sixteen (16) hours of additional crime prevention training in the past five years in accordance with program guidelines?  
 Yes If Yes, please attach third party documentation verifying the dates, location and certificate of training. This application cannot be processed without the requested documentation.  
 No If No, this application cannot be processed until training is completed.

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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.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy