

PRIVATE CRIME PREVENTION PRACTITIONER ENROLLMENT APPLICATION Form Code: PSS_JE v.10.03 Application Fee - \$25.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia 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>Websites: www.dcjs.virginia.gov & www.vcpa.org</i> Program Coordinator (804)786-5664
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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 submitted fingerprints to this Department for a National and State Criminal History Check within the past 90 days? Yes No*

*If **No**, please complete and submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check or this application cannot be processed.

8. Have you **ever been convicted or found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders?

Yes* No

* **If Yes**, please attach a **Private Security Criminal History Supplemental Form**(PSS_CHS) and all requested criminal history documentation. *This form may be found on our website <http://www.dcjs.virginia.gov/pss> under Form Name: PSS_CHS.*

9. Are you currently registered with the Private Security Services Section of DCJS for a minimum of one year?

Yes DCJS ID# 99- _____

No If No, please attach third party documentation verifying the type and dates of security experience. Resumes are not acceptable. To be eligible for this program, you must have a minimum of 1 year experience in the security field. This application cannot be processed without the requested documentation.

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