

<b>SPECIAL CONSERVATOR OF THE PEACE</b> <b>DUPLICATE/REPLACEMENT PHOTO ID APPLICATION</b> <b>Form Code: PSS_SCOPID</b> <b>Application Fee - \$20.00, Non-Refundable</b> <b>(Checks payable to: Treasurer, Commonwealth of Virginia)</b>	<i>For Agency Use Only:</i> <b>FEE CODE:</b>  <b>Batch # / Date:</b>
<b>COMMONWEALTH OF VIRGINIA : DEPARTMENT OF CRIMINAL JUSTICE SERVICES</b> Private Security Services Section, P.O. Box 1300, Richmond, VA 23218 Phone #: (804) 786-4700; Fax #: (804) 786-6344      Website: <a href="http://www.dcjs.virginia.gov/pss">http://www.dcjs.virginia.gov/pss</a>	

**The following must accompany this application:**

Please Note:

◆ Non-refundable fee of \$20.00

◆ Incomplete applications will be returned

Applicant Name:  Last Name       First Name       MI

Social Security #:  or DCJS ID# 99-

Mailing Address:  Number and Street       City/Town       State       Zip

Telephone: Residence  Business  Fax

May the Department provide information via an e-mail address?  Yes  No

E-Mail Address:

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 that has not already been reported to the department?  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 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss) under Form Name: PSS\_CHS.*

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**Duplicate/Replacement Identificaiton Requested (Check One)**

Unarmed SCOP Registration       Armed SCOP Registration

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The undersigned states that he/she is the person who executed this application, that the statements herein contained are true, that he/she has not suppressed any information that might affect this application, and that he/she understands that any misrepresentation or falsification of this application may be cause for denial.

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