

RENEWAL TRAINING SCHOOL APPLICATION Form Code: PSS_TR Fee Code:141 24 Month Renewal - \$500.00 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>Website: http://www.dcjs.virginia.gov/pss</i> Status Hotline: (804) 786-1132 or 1-877-9STATUS
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1. Legal Entity Name: _____

2. Trade or Fictitious Name: _____
 * This name **must** be registered with the State Corporation Commission or a delay in processing this application will occur.

3. DCJS ID# 88- _____ Federal Employer ID Number: _____

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

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

6. Telephone: Business: _____ Fax: _____

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

8. E-Mail Address: _____ Name: _____

9. Is the company located outside of Virginia Yes No

• If yes, please provide the **Virginia physical location where records will be maintained.**

10. _____
 Name of Business/Individual Number & Street City/Town State Zip Phone

11. Category of Training to be provided (check all that apply)

Entry Level Subjects

- | | | |
|---|--|---|
| <input type="checkbox"/> 01E Security Officer Core Subjects | <input type="checkbox"/> 02E Private Investigator | <input type="checkbox"/> 03E Armored Car Personnel |
| <input type="checkbox"/> 04E Security Canine Handler | <input type="checkbox"/> 05E Armed Security Officer Arrest Authority | |
| <input type="checkbox"/> 06E Special Conservator of the Peace Core Subjects | <input type="checkbox"/> 30E Electronic Security Subjects | |
| <input type="checkbox"/> 32E Personal Protection Specialist | <input type="checkbox"/> 35E Electronic Security Technician | <input type="checkbox"/> 38E Central Station Dispatcher |
| <input type="checkbox"/> 39E Electronic Security Sales Rep. | <input type="checkbox"/> 40E Bail Bondsman | <input type="checkbox"/> 44E Bail Enforcement Agent |

In Service Subjects

- | | | |
|---|---|---|
| <input type="checkbox"/> 01I Security Officer Core Subjects | <input type="checkbox"/> 02I Private Investigator | <input type="checkbox"/> 03I Armored Car Personnel |
| <input type="checkbox"/> 04I Security Canine Handler | <input type="checkbox"/> 06I Special Conservator of the Peace | <input type="checkbox"/> 30I Electronic Security Subjects |
| <input type="checkbox"/> 32I Personal Protection Specialist | <input type="checkbox"/> 35I Electronic Security Technician | <input type="checkbox"/> 38I Central Station Dispatcher |
| <input type="checkbox"/> 39I Electronic Security Sales Rep. | <input type="checkbox"/> 40I Bail Bondsman | <input type="checkbox"/> 44I Bail Enforcement Agent |

Firearms Training:

- | | | |
|--|--|---|
| <input type="checkbox"/> 07E Handgun Training | <input type="checkbox"/> 08E Shotgun Training | <input type="checkbox"/> 09E Advanced Handgun Training |
| <input type="checkbox"/> 07R Handgun Re-Training | <input type="checkbox"/> 08R Shotgun Re-Training | <input type="checkbox"/> 09R Advanced Handgun Re-Training |

12. Are you requesting a new category of training with this renewal?

Yes No

13. If yes, is a curriculum outline for each **new** category selected enclosed with this application?

Yes No - If No, this application cannot be processed.

14. Type of Ownership: (Check One)

Sole Proprietorship Limited Partnership* Limited Liability Company*
 General Partnership Corporation* Other _____

• **If your business is a Limited Partnership, Limited Liability Company or Corporation, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.**

15. Virginia State Corporation Commission Number: _____
(If applicable)

16. List all Owners/Officers/Directors Below: (If corporation, all officers, owners, directors need to be registered with the State Corporation Commission or a delay in processing this application will occur.)

Name Title SSN: **or** DCJS 99- #

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If additional space is needed, please attach a separate sheet of paper

17. Have all **New** Owners/Officers/Directors submitted fingerprints for a Criminal History Check within the past 90 days?

Yes
 No If **No**, all Owners/Officers/Directors are required to submit a Fingerprint application form PSS_FP, 2 fingerprint cards and \$50.00 processing fee for a national and state criminal history check.

18. Please attach Proof of Liability: (minimum requirements) Expiration Date: _____
mm/dd/yy

\$100,000 Surety Bond - *Attach copy of surety bond*
 General Liability \$100,000/\$300,000 - *Attach Certificate of Insurance to include exclusions.* Note: Please verify legal entity name is reflected on certificate of insurance, if not please submit copy of insurance declarations in addition to certificate of insurance.

19. Is your business currently licensed as a private security business in any other state or jurisdiction

Yes If yes, please submit written notification of state(s) or jurisdiction(s)
 No

20. Have you or any owner, officer, director, or employee **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 within the past two years?
 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.*

21. Have you or any owner, officer, director, or employee committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

No

Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

22. Training Administration

Each training school must designate one (1) certified instructor as Training Director. In addition, a school may submit a maximum of four (4) certified instructors as Assistant Training Directors.

- Training Director: _____ SSN: **or** DCJS # 99- _____
Signature (required): _____
- Assistant Director: _____ SSN: **or** DCJS # 99- _____
Signature (required): _____
- Assistant Director: _____ SSN: **or** DCJS # 99- _____
Signature (required): _____
- Assistant Director: _____ SSN: **or** DCJS # 99- _____
Signature (required): _____

23. Certified Instructors

List names of all instructors (not previously listed as director or assistant) eligible to instruct for the training school. (Use additional sheets as necessary):

Name: _____ SSN: or DCJS # 99- _____

Name: _____ SSN: or DCJS # 99- _____

Name: _____ SSN: or DCJS # 99- _____

24. Do you have documentation on file, or have you verified that all individuals listed as eligible instructors for the training school have a current instructor certification with DCJS and that you are aware of what subjects he/she may be eligible to instruct based on that certification?

Yes No If no, please submit written explanation.

25. Has your current school certification expired? Yes* No

If Yes, you may reinstate the school certification providing this application is completed, all renewal requirements are met; and the applicable nonrefundable application fee and additional reinstatement fee of **\$250.00** is submitted to the department within 60 days following the expiration date of the school certification. If 60 days has elapsed, this application cannot be processed and initial school certification requirements will need to be met.

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 9.1-150.2 through 9.1-150.4, 15.2-1737, 19.2-13, the Regulations Relating to Special Conservator of the Peace and the Regulations Relating to Private Security Services 6 VAC 20-171.

President/Principal Owner (or designated representative) _____
Print Name

Signature _____ Date: _____
mm/dd/yy

Notary:

Commonwealth of _____ County/City: _____

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

My Commission Expires: _____

Notary Name: (Print) _____

Signature: _____ Date: _____
mm/dd/yy