Print Form

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COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Private Security Services Section
P.O. Box 1300
Richmond, Virginia 23218

www.dcjs.virginia.gov/pss
(804) 786-4700

Status Hotline
(804) 786-1132
1-877-9STATUS

Criminal History Waiver Application

Important Information:

- This form shall be used to request a waiver of criminal history pursuant to the Code of Virginia § 9.1-139 subsection K. Licensing, certification, and registration required; qualifications; temporary licenses.
- Application must be completed in its entirety. Applications cannot be considered unless adequate written justification of good cause is provided. You must report your entire criminal history and provide an explanation of the circumstances surrounding the charge(s) and conviction(s). The decision to grant the criminal history waiver will be based on the "Criminal History Guidelines".
- Should your request for a criminal history waiver be denied, you will be notified in writing and told that you may request an informal fact finding conference in order to provide evidence as to why you feel the decision was reached in error. Following the informal fact finding conference, you will be notified of the Director's decision.

Applicant Information

DCJS ID Number or SSN:	Last Name:	First Name:	MI:

Mailing Address:	City, State, Zip:

Email Address:

Home Phone: ( ) -	Business Phone: ( ) -	Fax: ( ) -

Conviction(s) Information (attach additional sheet if necessary)

Court: _____ Date found guilty: _____

Charge: _____ ☐ Felony ☐ Misdemeanor

Sentence: ☐ Jail ☐ Time suspended ☐ No jail Fine:_____ Has fine been paid? ☐ Yes ☐ No

Probation: ☐ Yes* ☐ No Date Completed: _____

Details of convictions: Attach a written explanation of the circumstances and documentation surrounding the conviction.

Court: _____ Date found guilty: _____

Charge: _____ ☐ Felony ☐ Misdemeanor

Sentence: ☐ Jail ☐ Time suspended ☐ No jail Fine:_____ Has fine been paid? ☐ Yes ☐ No

Probation: ☐ Yes* ☐ No Date Completed: _____

Details of convictions: Attach a written explanation of the circumstances and documentation surrounding the conviction.

Affirmation

I certify that the information provided in this application is true and correct to the best of my knowledge, and I hereby request a waiver of the criminal history as noted above.

Signature: _____ Date: _____
mm/dd/yy

Department Use Only

☐ Approved ☐ Denied

Signature: _____ Date: _____
DCJS Authority mm/dd/yy