COMMONWEALTH OF VIRGINIA
DEPARTMENT OF CRIMINAL JUSTICE SERVICES
PRIVATE SECURITY SERVICES SECTION

COMPLIANCE INSPECTION

Business: _____
Address: _____
Telephone: _____ Fax: _____
Date: _____ Lic#: _____ Audit#: _____

PART 1 General Provisions

		Comp.	Non/Comp.	N/A
1.	Business address, 6 VAC 20-171-220.1	☐	☐	☐
2.	Any change in operating name, 6 VAC 20-171-220.2	☐	☐	☐
3.	Any change in ownership or principals, 6 VAC 20-171-220.3	☐	☐	☐
4.	Any change in entity, 6 VAC 20-171-220.4	☐	☐	☐
5.	Liability insurance, 6 VAC 20-171-220.5	☐	☐	☐
6.	Irrevocable consent for service, 6 VAC 20-171-220.6	☐	☐	☐
7.	Designated compliance agent, 6 VAC 20-171-220.7	☐	☐	☐
8.	Display business license, 6 VAC 20-171-220.11	☐	☐	☐
9.	License number/advertising materials, 6 VAC 20-171-230.12	☐	☐	☐
10.	Use of state seal of Virginia, 6 VAC 20-171-230.19	☐	☐	☐
11.	Use of contractors or subcontractors, 6 VAC 20-171-230.5	☐	☐	☐
12.	Carrying firearms, 6 VAC 20-171-230.4.d	☐	☐	☐
13.	Report firearm discharges, 6 VAC 20-171-220.15	☐	☐	☐
14.	Utilize vehicles with flashing lights, 6 VAC 20-171-230.18	☐	☐	☐
15.	Documentary evidence of terms, 6 VAC 20-171-220.16	☐	☐	☐
16.	Uniforms, 6VAC20-171-320.17 – 6VAC20-171-320.17.b	☐	☐	☐
17.	Employees properly reg. or certified, 6 VAC 20-171-230.4	☐	☐	☐
18.	***VSP-167 forms submitted as required***	☐	☐	☐
19.	***VSP-167 forms listing convictions***	☐	☐	☐
20.	Fingerprints submitted as required, 6VAC 20-171-30	☐	☐	☐
21.	Supervisor fingerprints submitted, 6VAC20-171-220.12	☐	☐	☐
22.	Citizenship or legal alien resident status, 6VAC20-171-220.A.8	☐	☐	☐

COMMENTS.

Additional forms attached: [ ] Yes [ ] No

INSPECTION ACKNOWLEDGEMENT - The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected within _____ days, and that administrative action may occur as a result of this inspection.

Investigator Signature Date

Print Name

Compliance Agent Signature Date

Print Name