

**FIREARM DISCHARGE REPORT**  
**Form Code: PSS\_FR**  
Submit form whenever a firearm is discharged by a registrant while on duty, excluding any training exercise. Submit form to DCJS within 10 days of incident

**COMMONWEALTH OF VIRGINIA**  
*Department of Criminal Justice Services*  
**Private Security Services Section**  
**P.O. Box 1300, Richmond, VA 23218**  
*Phone #: (804) 786-4700; Fax #: (804) 786-6344*  
*Website: <http://www.dcjs.virginia.gov/pss>*  
**Status Hotline: (804) 786-1132 or 1-877-9STATUS**

Legal Entity Name: \_\_\_\_\_ DCJS ID# 11-

Trade or Fictitious Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip

Physical Address: \_\_\_\_\_  
(if different than Mailing) Number and Street City/Town State Zip

Registrant's Name: \_\_\_\_\_ SSN: **or** DCJS # 99- \_\_\_\_\_

Date of Firearm Discharge: \_\_\_\_\_  
mm/dd/yy

Location of Firearm Discharge: \_\_\_\_\_

Circumstances of Firearm Discharge:

**CERTIFICATION**

I certify that the above information is true and correct.

\_\_\_\_\_  
Compliance Agent's Name (Please Print or Type)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Compliance Agent Signature (Required)

\_\_\_\_\_  
DATE: mm/dd/yy