

GENERAL INSTRUCTOR ENTRY-LEVEL TRAINING ENROLLMENT Form Code: PSS_GE Fee Code: 153 Application Fee - \$300.00 Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online: http://www.dcjs.virginia.gov/pss/watson.cfm 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. Applicant Name: _____
Last Name First Name MI

2. Social Security #: _____ **or** DCJS # 99- _____

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

4. Telephone: Residence _____ Business _____ Fax _____

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

6. E-Mail Address: _____

7. Do you have documented experience as required to be eligible to be certified to instruct in the selected categories?
Required experience: 3 years of management/supervisory or five years of general experience in a private security, law enforcement or related field; or 1 year experience as an instructor/teacher at an accredited educational institution or agency in the subject matter for which certification is requested, or in a related field. (See 6VAC20-171-100 of the Regulations Relating to Private Security Services)

- No If No, this application cannot be processed.
- Yes If Yes, please attach third party documentation verifying the type and dates of experience. Resumes are not acceptable. This application cannot be processed without the requested documentation.

8. Training Date/Location Requested (training dates and locations on <http://www.dcjs.virginia.gov/pss>). For first available date, please leave blank.

Date: _____ Location: _____
mm/dd/yy

9. Do you require disability accommodations? No Yes (please specify)

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 the Regulations Relating to Private Security Services 6VAC 20-171.

Applicant's Signature _____ Date: _____