

**ELECTRONIC ROSTER SUBMITTAL  
 AUTHORIZATION APPLICATION**  
**Form Code: PSS\_SR Fee Code: 146**  
**Fee - \$500.00**  
 Check or Money Order payable to:  
 Treasurer, Commonwealth of Virginia  
**Application Fees are Non-Refundable**

**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/privateSecurity>*  
**Status Hotline: (804) 786-1132 or 1-877-9STATUS**

1. Legal Entity Name: \_\_\_\_\_
2. Trade or Fictitious Name: \_\_\_\_\_
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. Training Administration (Will be provided access for electronic roster submittal)
  - Training Director: **or** DCJS # 99-\_\_\_\_\_ SSN: \_\_\_\_\_
  - Assistant Director: **or** DCJS # 99-\_\_\_\_\_ SSN: \_\_\_\_\_
  - Assistant Director: **or** DCJS # 99-\_\_\_\_\_ SSN: \_\_\_\_\_
  - Assistant Director: \_\_\_\_\_ SSN: **or** DCJS # 99-\_\_\_\_\_
  - Assistant Director: **or** DCJS # 99-\_\_\_\_\_ SSN: \_\_\_\_\_

NOTE: This application must be submitted concurrently with the Training School Certification application. Please ensure that the training director and assistant training directors (maximum of 4) listed on this form are accurate, as they will be the only individuals with access to submit rosters electronically. It is therefore critical that DCJS be notified immediately of any changes of training directors and assistants.

Training Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy