

**COMPLIANCE AGENT CERTIFICATION
APPLICATION AND ONLINE TRAINING
EXEMPTION FORM**

Form Code: PSS_WC v.5.03

Application Fee - \$25.00

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: www.dcjs.virginia.gov/pss

This application is for online training only.

1. Applicant Name: _____
Last Name First Name MI

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

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

4. Is this a new address? Yes No

5. Telephone: Residence _____ Business _____ Fax _____

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

7. E-Mail Address: _____

8. Level of Exemption Requested (Check **one** only)

Entry-level In-Service

9. Are you currently employed by a Private Security Business? Yes No

If yes, Business Name: _____ DCJS ID# 11- _____

NOTE: You may be designated as a compliance agent for only one licensed Private Security Business at a time.

10. Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

No

Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

Entry-level Exemption ONLY:

11. Do you have any experience in a private security services business, a federal, state or local law enforcement agency or in a related field? To be eligible the experience listed above must be either three years managerial/supervisory experience or five years general experience in private security or a related field.

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.

12. Have you submitted fingerprints to this Department for a National and State Criminal History Check within the past 12 months?

Yes

No If No, please complete and submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check or this application cannot be processed.

13. Have you completed online compliance agent training? *Please note this form does not schedule you for training.*

Yes

No If no, go to <http://www.dcjs.virginia.gov/pss/training/alternatives/index.cfm> for a list of schools that offer online compliance agent training. You must register with the school for training.

NOTE: if you decide to take DCJS' classroom training, you must submit the initial compliance agent application & training enrollment form (PSS_CA) or the renewal compliance agent application & in-service training form (PSS_CT) and all applicable nonrefundable fees.

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.

Applicant's Signature _____ Date: _____
mm/dd/yy