



**PRIVATE SECURITY SERVICES
 FIREARMS ENDORSEMENT APPLICATION**

Type of Application [Select One]

- | | | |
|---|--|---|
| <input type="checkbox"/> Initial [Submitted <i>with</i> an Initial Registration Application] = \$10.00 | <input type="checkbox"/> Renewal [Submitted <i>with</i> a Registration Renewal Application] = \$10.00 | <input type="checkbox"/> Add Category [Submitted <i>with</i> an Add Registration Category Application] = \$10.00 |
| | <input type="checkbox"/> Renewal [Submitted to renew a Firearms Endorsement only] = \$24.00 | <input type="checkbox"/> Add Category [To add a Firearms Category to an active registration] = \$24.00 |

IMPORTANT INFORMATION

- A firearms endorsement is required for the private security services registration categories listed below and for individuals who carry or have immediate access to a firearm while on duty. Firearms endorsements are optional for all other private security registration categories. Approved firearms endorsements will be added to an approved registration credential and will expire annually on the same month as the registration expiration.
 - Armed Security Officers/Courier
 - Armored Car Personnel
 - Armed Personal Protection Specialist
- Each person must complete firearms training and shall qualify with each type of action and caliber of firearm to which they have access.
- Firearms endorsements are issued for a period not to exceed 12 months. Individuals must complete firearms retraining within the 90 days prior to the expiration of their current firearm endorsement or will be required to complete entry-level training requirements prior to applying for an active endorsement.

This application is for private security services personnel only. Bail Bondsmen and Bail Enforcement Agents must complete firearms endorsement applications specific to those programs.

Applicant Information

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#): <input type="checkbox"/> Check if New Address		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: ()	Business Phone: ()	Fax: ()	

Firearms Endorsement Categories Requested (check all that apply)

- Handgun Shotgun Advanced Handgun Patrol Rifle

Eligibility Determination – Please answer each question

The information below must be completed to verify whether you are prohibited by Federal or State law to possess or carry a firearm. Please complete this section in its entirety. If you answer **yes** to any question, attach a brief explanation of your answer along with any supporting documentation. If you have a conviction and your firearms eligibility has been restored, please provide supporting documentation. For additional information pertaining to firearms eligibility, please review the *Code of Virginia* and the Virginia Administrative Code.

1. Have you ever been convicted of a Felony offense? (Include Felony convictions of driving under the influence and/or any offense for which you were convicted as a juvenile, which would be a felony if committed by an adult.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been convicted of an offense as a Juvenile that would prohibit you from possessing or carrying a firearm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been convicted of a Misdemeanor offense within the five-year period immediately preceding this application pertaining to possession of a controlled substance or marijuana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been convicted in any court of a Misdemeanor crime of domestic violence or assault and battery of a family member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever been acquitted by reason of insanity, adjudicated legally incompetent, mentally incapacitated or adjudicated an incapacitated person by a court of Virginia or any other court?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you ever been involuntarily admitted to a facility or ordered to mandatory outpatient treatment by any court, board, commission, or other lawful authority?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you the subject of, or named as respondent in a Restraining Order or a Protective Order?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are you an alien NOT lawfully admitted for permanent residence in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Have you ever been discharged from the Armed Forces of the United States under "Dishonorable Conditions"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you a fugitive from justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Affirmation

I, the undersigned, certify that all information contained in this form 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 or revocation, and may result in criminal charges. I understand that I am responsible for maintaining full compliance with the *Code of Virginia* and the Virginia Administrative Code.

Signature Required: _____ Date: _____
mm/dd/yy

All fees are non-refundable. Forms received without payment will be returned.

Submit a check or money order payable to the TREASURER OF VIRGINIA,
or pay by credit card using the Credit Card form available on our website.
This form must be included with your form package when paying by credit card.