COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
Mailing Address: P.O. Box 1300, Richmond, VA 23218
Physical Address: 1100 Bank Street, 9th Floor, Richmond, VA 23219
Phone: (804) 786-4700 www.dcjs.virginia.gov

Private Security Services – IRREVOCABLE CONSENT FOR SERVICE

IMPORTANT INFORMATION
This application is for businesses/training schools located outside the State of Virginia.

Information

Business or Training School Name:	Trading As:
Mailing Address (Street/Apt.#):	City, State, Zip:
Physical Address (if different than mailing address):	City, State, Zip:
Compliance Agent or Training Director:	DCJS ID Number 99-
Email Address:	
Business Phone: ( ) -	Fax: ( ) -

Irrevocable Consent

WHEREAS, I, or WE, the above-named applicant for license privileges as a Private Security Services Business, trading and/or operating individually, or under the firm name of _____, have made application for a license to act as a Private Security Services Business, Non-Resident, within the Commonwealth of Virginia, in accordance with the provisions of Chapter 1, Title 9.1, of the *Code of Virginia*.

WHEREAS, under the provisions of said Chapter, it is necessary to file with the Director of the Virginia Department of Criminal Justice Services, Richmond, Virginia, an irrevocable consent that actions against the subscriber(s) may be filed in any appropriate court of any county or municipality of this Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director or the Department. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

NOW, THEREFORE, I, or WE, _____, the above named applicant for license privileges as a Private Security Services Business as aforesaid, hereby execute and file with the Director of the Department of Criminal Justice Services my (or our) Irrevocable Consent the actions against subscriber(s) may be filed in any appropriate court or municipality of the Commonwealth in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose, and that process in any action may be served on the subscriber(s) by leaving two copies thereof with the Director of the Virginia Department of Criminal Justice Services. Such consent shall stipulate and agree that such services of process shall be valid and binding for all purposes.

IN WITNESS WHEREOF, I or WE, _____ have hereunto signed our name this _____ day of _____, 20_____.

_____ _____
Signature of Principal or Owner *Signature of Compliance Agent*