



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)**

Request for Waiver of Instructor Approval Qualifications

In accordance with Virginia State Regulation 6 VAC 20-270, the Virginia Department of Criminal Justice Services (DCJS) may approve instructors to deliver Campus Security Officer curriculum training and may revoke such approval for just cause. Applicants for instructor approval may submit a Request for Waiver of Instructor Approval Application form for review by DCJS outlining previous instructor training or related experience. DCJS reserves the right to review each waiver application, and evaluate qualifications and experience on an individual basis.

Applicant Name (First, MI, Last): _____

Applicant Title: _____

Applicant Phone: _____ Applicant Email: _____

Applicant Employer: _____

CSO Point of Contact Phone: _____ CSO Point of Contact Email: _____

1. Waiver is being sought of the following qualification(s) because the proposed instructor (*Check all that apply*):
 - does not possess a high school diploma or equivalent (*GED, etc.*).
 - if applicant possesses a diploma, provide school (or equivalent) name and location: _____
 - has not successfully completed one year of demonstrated teaching/instructor experience in an accredited educational institution, law enforcement or security agency.
 - does not possess a minimum of two (2) years management/supervisory experience as a campus security officer or supervisory experience with any federal, state, county or municipal law-enforcement agency; OR does not have three (3) years general experience as a campus security officer, or with federal, state, or local law enforcement in a related field.
 2. Provide any additional information relative to the statement indicated in #1 (*attach separate sheet of paper detailing information*):
 3. Attach any supporting documentation which you feel would enhance your application for waiver (*e.g., resume, letters of recommendation, training and certification documentation, etc.*).
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I, the applicant indicated above, do hereby certify that all entries and attachments to this application are true and complete. I understand that all information is subject to verification. I successfully completed the mandated entry-level Campus Security Officer Certification Training as offered by

Sponsor: _____ on date: _____

Applicant Initials: _____ Date: _____

I, the designated Point of Contact (POC) for the Employer indicated above, requests DCJS to approve this applicant for instructorship in the delivery of the Campus Security Officer curriculum.

Point of Contact's Name: _____ Date: _____

Please submit the completed form with documentation to DCJS

DCJS Virginia Center for School and Campus Safety/CSO Program, 1100 Bank Street, Richmond, Virginia 23219

Fax: 804-225-3853 or Email: campusecurity@dcjs.virginia.gov

FOR OFFICIAL DCJS USE ONLY: Instructor approval is granted for the above applicant based on the documentation outlined and included with this Request for Waiver of Instructor Approval submittal.

Signature: _____ Title: _____ Date: _____
