



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
School Security Officer (SSO)

Request for Waiver of Instructor Approval Qualifications

In accordance with Virginia State Regulation 6 VAC 20-240, 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: _____ Email: _____

Applicant Driver's License No.: _____ State of License: _____

School Director/Point of Contact: _____

School Division: _____

School Director/Point of Contact Name: _____

School Director/Point of Contact Phone: _____ Email: _____

1. Waiver is being sought because the proposed SSO instructor (*check all that apply*):

- is not currently a Certified School Security Officer
- does not have a minimum of three (3) years management/supervisory experience in a school security or related field, or federal, military police, state, county, or municipal law-enforcement agency
- does not have a minimum of five (5) years general experience as a School Security Officer or with federal, state, or local law-enforcement in a related field
- has not completed the DCJS SSO Instructor training; or has one (1) year teaching/instructor experience in an accredited educational institution or law enforcement agency
- other: _____

2. Provide any additional information relative to the statement indicated in #1 (*you may 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.*).

I, the applicant indicated above, do hereby certify that all entries and attachments to this application are true and complete, is subject to verification, and consent to DCJS contacting anything referenced on this application. Further, I have read the Standards of Conduct pertaining to School Security Instructors, as provided in Regulation 6 VAC 20-240 and agree to its content.

Applicant Signature: _____ Date: _____

I, the School Director/Point of Contact, request DCJS to approve this applicant for instructorship in the delivery of the School Security Officer curriculum.

Point of Contact's Name: _____

Point of Contact's Driver's License No.: _____ State of License: _____ Date: _____

Please submit the completed form with documentation to DCJS

Virginia Department of Criminal Justice Services, Division of Law Enforcement, 1100 Bank Street, Richmond, VA 23219

Fax: 804-786-0410 or Email: schoolsecurity@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: _____