



# CRIME PREVENTION SPECIALIST RE-CERTIFICATION APPLICATION

Applicant's Name: \_\_\_\_\_ E-Mail/Title \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Recommended by:

Law Enforcement/Criminal Justice Agency Chief Executive Officer or Designee: \_\_\_\_\_

PLEASE PRINT

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Employer at time of initial certification: \_\_\_\_\_

Date of previous certification: \_\_\_\_\_

\*\*\*Re-certification applications must be received in DCJS between October 1 and November 30 of the third year of certification.

Have you received forty (40) hours of additional crime prevention training since initial certification as a Crime Preventic Specialist or within the past three (3) years?

YES  NO If YES, please provide the following information:

Dates	Hours	Training provided by (Note-Applicants may chose to attach their Training Academy Training History and note "See Attached") History, Certificates or PIC forms must accompany application
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you requesting an extension of the time limit before the Crime Prevention Specialist certification expires?

YES  NO If YES, please justify the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING TO THIS APPLICATION AND RETURN T

Virginia Department of Criminal Justice Services, Office of Regulatory Affairs

1100 Bank Street, 9th Floor, Richmond, VA 23219

(804) 371-0863 • www.dcjs.virginia.gov