



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, Virginia 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

COMPLIANCE AGENT RENEWAL CERTIFICATION APPLICATION – FEE \$25.00

IMPORTANT INFORMATION

- If your **current certification has expired** and you are within 60 days of the reinstatement period, you may submit this application with an additional **\$12.50 reinstatement fee (Total \$37.50)**.
- If your certification **has expired in excess of 60 days**, you are no longer eligible to renew and you cannot submit this application. In order to obtain your credentials, you must meet all of the initial certification requirements.
- Additional information can be found online at www.dcjs.virginia.gov/pss/howto/certifications/complianceAgent.cfm.

Applicant Information

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:		Fax: ()	
Home Phone: ()	Business Phone: ()	Cell: ()	

Employment Information (if applicable)

Business Name:	DCJS Business License Number:
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In-Service Training Requirements

Have you successfully completed Compliance In-Service Training? Yes No

If **No**, you will need to register to take either the Classroom Training (Option #1) or the Online Training (Option#2). More information can be found at www.dcjs.virginia.gov/pss/howto/certifications/complianceAgent.cfm.

If **Yes**, please provide the date that you completed your in-service training. _____

Criminal History

Have you **been convicted or found guilty of a felony or misdemeanor** (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the **past two years**?

Yes If **Yes**, please attach a [Private Security Criminal History Supplement Form](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf) available online at www.dcjs.virginia.gov/forms/privatesecurity/pss_chs.pdf, and all requested criminal history documentation.

No

Affirmation

I, the undersigned, certify that all information contained on this application 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 and may result in criminal charges. I understand that I am responsible for maintaining full compliance with *Virginia Code* Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-172.

Signature Required: _____

Date: _____
mm/dd/yy

Applications are valid for 12 months from the date of submittal

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

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf must be mailed with your application package.

Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218