



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218
 Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

Status Hotline
 (804) 786-1132
 1-877-9STATUS

Private Security Services – COMPLIANCE INSPECTION

Information

| | | | |
|--|--------------------|-------------------|--|
| DCJS ID Number: | Business Name: | | |
| Audit Number: | DBA/Trade As Name: | | |
| Mailing Address (Street/Apt.#): | | City, State, Zip: | |
| Business Physical Address (if different than mailing address): | | City, State, Zip: | |
| Business Phone: () | | Fax: () | |
| Email Address: | | | |

PART I: General Provisions

| | Comp. | Non/Comp. | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Business address, 6 VAC 20-171-220.1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any change in operating name, 6 VAC 20-171-220.2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Any change in ownership or principals, 6 VAC 20-171-220.3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any change in entity, 6 VAC 20-171-220.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Liability insurance, 6 VAC 20-171-220.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Irrevocable consent for service, 6 VAC 20-171-220.6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Designated compliance agent, 6 VAC 20-171-220.7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Display business license, 6 VAC 20-171-220.10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. License number/advertising materials, 6 VAC 20-171-230.12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Use of state seal of Virginia, 6 VAC 20-171-230.19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use of contractors or subcontractors, 6 VAC 20-171-230.5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Carrying firearms, 6 VAC 20-171-230.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Report firearm discharges, 6 VAC 20-171-220.14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Utilize vehicles with flashing lights, 6 VAC 20-171-230.18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Documentary evidence of terms, 6 VAC 20-171-220.15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Uniforms, 6VAC20-171-320.17 – 6VAC20-171-340.13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Employees properly reg. or certified, 6 VAC 20-171-230.4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. VSP-167 forms submitted as required, 6 VAC 20-171-40.A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. VSP-167 forms listing convictions, 6 VAC 20-171-40.B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Fingerprints submitted as required, 6VAC 20-171-30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Supervisor fingerprints submitted, 6VAC20-171-220.11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Citizenship or legal alien resident status, 6VAC20-171-215.8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments *(attach additional pages if needed)*

Acknowledgement

The results of this inspection have been fully explained to me by the Department of Criminal Justice Services agent investigator. I understand that areas of noncompliance must be corrected within _____ days, and that administrative action may occur as a result of this inspection.

Investigator Signature

Date

Compliance Agent Signature

Date

Print Name

Print Name