



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

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

COMPLIANCE AGENT INITIAL CERTIFICATION APPLICATION – FEE \$50.00

IMPORTANT INFORMATION

This application requires you to attach **Official Documentation** to verify your eligibility.
INCOMPLETE APPLICATIONS WILL BE RETURNED

- To be eligible, the experience ***must*** be either:
 - Three (3) years of managerial or supervisory experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.
- or
- Five (5) years experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.

Official Documentation means: personnel records; Certificate of Release or Discharge from Active Duty (DD214); copies of business licenses indicating ownership; law-enforcement transcripts; certificates of training completion; a signed letter provided directly by a current or previous employer detailing dates of employment and job duties; college transcripts; letters of commendation; private security services registrations, certifications or licenses from other states; and other employment, training, or experience verification documents. A resume is not considered official documentation.

- To complete the Compliance Agent Certification process, you must also:
 - Submit a Fingerprint Processing Form, fingerprint card, and \$50.00 non-refundable fee www.dcls.virginia.gov/forms/privatesecurity/pss_fp.pdf
 - Complete the Entry Level Training Course (12E)
*** You can select Classroom Training (Option#1) or Online Training (Option#2) www.dcls.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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Type of Experience (must attach Official Documentation to verify experience)

<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Private Security Services*
<input type="checkbox"/> Other Related Field**	*Category(s): _____
**Field(s): _____	

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