



**Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
Instructor Patch Order Form (Form I-P)**

Officer's Current Name: *(Last, First, Middle Initial)*

Last 4 Digits of Social Security Number:

**X X X - X X - \_ \_ \_ \_**

Mailing Address (where patches should be delivered):

Current Criminal Justice Employer:

Instructor Certification Held:

- General Instructor
- Driver Training Instructor
- Defensive Tactics Instructor

Expiration Date:

- Firearms Instructor
- Radar Instructor

Patch Order:	Price	Number Ordered	Total
<input type="checkbox"/> General Instructor	\$1.00 each	_____	_____
<input type="checkbox"/> Driver Training Instructor	\$1.00 each	_____	_____
<input type="checkbox"/> Defensive Tactics Instructor	\$1.00 each	_____	_____
<input type="checkbox"/> Firearms Instructor	\$1.00 each	_____	_____
<input type="checkbox"/> Radar Instructor	\$1.00 each	_____	_____
		<b>Subtotal</b>	_____
		Sales Tax (5.3 %)	_____
<b>NOTE:</b> <a href="#">Hampton Roads Region &amp; Northern Virginia Region</a>		Sales Tax (6%)	_____
		Shipping & Handling for more than 5 patches (\$3.50)	_____
		Shipping & Handling for less than 5 patches (\$1.75)	_____
		<b>Total</b>	_____

***Please make checks payable to "Treasurer, Commonwealth of Virginia"***

***NOTE: The order will not be filled if the officer named above does not currently maintain certification in the instructional area for which the patch is ordered or if not currently employed by a Virginia Criminal Justice Agency.***

I attest that I am currently certified as a criminal justice instructor by the Virginia Department of Criminal Justice Services in the category(ies) for which I am purchasing instructor patches. The patches being ordered are for my use **only** and shall not be transferred to or redistributed to any person(s).

\_\_\_\_\_  
*Signature of Purchaser*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DCJS Verification*