



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
School Security Officer (SSO)

Initial Certification Application

To Designated Virginia School Security Officer's Point of Contact (POC): In order to conform to Virginia State Regulation 6 VAC 20-240, all applicants for School Security Officer certification must submit to the Virginia Department of Criminal Justice (DCJS) a properly completed and signed application for certification on behalf of the School Security Officer in a format provided by DCJS. ***This form is required to be signed and received by DCJS before certification as a School Security Officer is issued and compliance with the regulation is complete.***

SSO Name (First, MI, Last): _____

SSO Email Address: _____

School Division: _____

Date of Hire: _____

In accordance with 6 VAC 20-240-20 *Initial Certification and Training Requirements for School Security Officers*, all applicants for School Security Officer Certification, hired on or after September 1, 2004, must meet the following conditions. The above-named applicant:

1. has undergone a background investigation, including a fingerprint-based criminal history record inquiry of both the Central Criminal Records Exchange (CCRE) and the Federal Bureau of Investigation (FBI).
2. results of such background inquiries were examined by the employing school division.
3. has a high school diploma, has passed the General Education Development (GED) exam, or has passed the National External Diploma program.
4. is a minimum of 21 years of age.
5. possesses a valid driver's license by his or her state of residence to operate a motor vehicle (if applicable by duties of office).
6. has successfully completed basic first aid training, the content of which determined by the employing school division.
7. has complied with compulsory minimum entry-level School Security Officer training requirements on _____ date.

Location of training: _____ Test Scores: _____

I, the School Security Officer School Point of Contact, certify that all entries on this application are true and complete. I understand that all information on this application is subject to verification.

SSO POC Name: _____ Title: _____

SSO POC Email: _____ Phone: _____

Date: _____

Please submit the completed form with documentation to DCJS

Virginia Department of Criminal Justice Services, Virginia Center for School and Campus Safety, 1100 Bank Street, Richmond, Virginia 23219

Fax: 804-225-3853 or Email: schoolsecurity@dcjs.virginia.gov