



**Commonwealth of Virginia
Virginia Department of Criminal Justice Services**

**Crime Prevention Specialist RE-CERTIFICATION
Application (Form B)**

Applicant's Name _____ E-Mail: _____ Title: _____
Employing Agency: _____
Address: _____

Recommended by Law Enforcement/Criminal Justice Agency Chief Executive Officer or Designee

Name of recommending officer or designee: _____
Signature: _____
Date: _____ Phone #: _____
Employer at time of initial certification: _____
Date of previous certification: _____

**Re-certification applications must be received in DCJS between October 1 and November 30 of the third year of certification.

Have you received forty (40) hours of additional crime prevention training since initial certification as a Crime Prevention Specialist or within the past three (3) years?

Yes No

If YES, please provide the following information:

Dates	_____	Hours	_____	Training Provided By:	_____
Dates	_____	Hours	_____	Training Provided By:	_____
Dates	_____	Hours	_____	Training Provided By:	_____

**NOTE: Applicants may choose to attach their Training Academy Training History and note:
"See Attached" on the above spaces. History, certificates or PIC Forms must accompany application.**

Are you requesting an extension of the time limit before the Crime Prevention Specialist certification expires?

Yes No

If YES, please justify the request:

PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING TO THIS APPLICATION AND RETURN TO:

Virginia Department of Criminal Justice Services
Attn: Crime Prevention Coordinator
1100 Bank Street, 9th Floor
Richmond, VA 23219