



**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](http://www.dcjs.virginia.gov)

**Bail Enforcement Agents –**  
**DUPLICATE / REPLACEMENT PHOTO ID APPLICATION – FEE \$30.00**

**IMPORTANT INFORMATION**

This application will replace your existing photo ID card. The same expiration will remain in effect.

**Applicant Information**

DCJS ID Number: 99-	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Criminal History**

Have you been convicted or found guilty of a felony or misdemeanor (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two years?

Yes\*    No   \* If yes, please attach a **Private Security Criminal History Supplement Form** and all requested criminal history documentation.

**Affirmation**

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with *Virginia Code* Sections §9.1-186 and the Regulations Relating to Bail Enforcement Agents 6 VAC 20-260.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

***All fees are non-refundable. Applications received without payment will be returned.***

Submit a check or money order payable to the TREASURER OF VIRGINIA,  
or pay by credit card using the Credit Card form available on our website.  
This form must be included with your form package when paying by credit card.