



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

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**Bail Enforcement Agent – RENEWAL LICENSE APPLICATION – 2 YR LICENSE FEE \$200.00**

**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: (    )	

**Eligibility Requirements**

You are ineligible to be licensed as a Bail Enforcement Agent if you are an employee of a local or regional jail; sheriff's office; state or local police department; or an employee of a Commonwealth's Attorney's Office, Department of Corrections, Department of Criminal Justice Services (DCJS), or a local community corrections agency.

Yes  No Have you submitted a **fingerprint package** to DCJS for a Criminal History Check for the purpose of renewal of your bail enforcement agent license **within the previous 90 days of this application?**  
**If No, you are required to submit a fingerprint application, fingerprint card and \$50.00 processing fee. Please be aware fingerprint processing can take up to 45 days for approval.**

Yes  No Have you satisfactorily completed all mandated in-service training?  
**If No (you have not completed your in-service training within the 12 months prior to your expiration date), entry level training will be required in order to obtain licensure.**

Yes  No Have you, your employees, or your firm committed any act or omission which resulted in a license or legal credential being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body.  
**If Yes, please attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.**

**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* §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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf)  
— this form must be included with your application package when paying by credit card.

Number of attachments:

## **BAIL ENFORCEMENT AGENT RENEWAL LICENSE APPLICATION CHECKLIST**

Please use this checklist to ensure you include the appropriate documentation with your application.

- Renewal Bail Enforcement Agent License Application
  
- Fingerprint Processing Application
  - Fingerprint Card
  - Acceptable Documents to Verify Legal Presence
  - Criminal History Supplemental Form (if applicable)
  
- Bail Enforcement Agent Firearms Endorsement Application (if applicable)