

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services

Mailing Address: P.O. Box 1300, Richmond, VA 23218

Physical Address: 1100 Bank Street, 9th Floor, Richmond, VA 23219 Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov</u>

COMPLIANCE AGENT INITIAL CERTIFICATION APPLICATION - FEE \$50.00

IMPORTANT INFORMATION

- Submit a Criminal History Processing Form with the \$25.00 processing fee and schedule an appointment to have your fingerprints scanned. To schedule an appointment follow the instructions on the Criminal History Processing Form.
- Complete the Entry Level Training Course (12F): Classroom or Online training available. Please visit

		regulatory-affairs/compl			_				
Applicant Information									
SSN or DCJS ID Number:	Last Name:			First Name:					MI:
Mailing Address:				City, State, Zip:					
Email Address:)			
Home Phone: ()	Business Phone: ()				Cell: ()			
Employment Informatio	n (if applicable)							
Business Name:	D			DCJS	DCJS Business License Number:				
Type of Experience (mu	st attach Offic	ial Documentation to v	erify/	/ experienc	e)				
☐ Law Enforcement	Private Security Services Category(s):			Other Related Field Field(s):					
Affirmation									
I, the undersigned, certify and I have not omitted an pertinent information may maintaining full compliance	y pertinent info be cause for d	rmation. I understand the enial and may result in c	at an crimir	y misrepres nal charges.	entatio I unde	on, falsific erstand th	ation o at I am	r omissi respons	on of
Signature Required:			Date: 						

All fees are non-refundable. Forms 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 Authorization form available on our website. This form must be included with your form package when paying by credit card. We do not accept cash.

07/2018 Page 1 of 1