



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services
PO Box 1300 • Richmond, VA 23218
Phone: (804) 786-4700 • Fax: (804) 786-6344
www.dcjs.virginia.gov

Want to EXPEDITE your application?
— SUBMIT ONLINE —
Online Regulatory Licensing System
www.dcjs.virginia.gov/online

COMPLIANCE AGENT RENEWAL CERTIFICATION APPLICATION – FEE \$25.00

IMPORTANT INFORMATION

- If you have not already done so, you will need to complete Compliance Agent In-service Training (12I). Classroom and Online training is available. Please visit the DCJS website at www.dcjs.virginia.gov to register.
- If your **current certification has expired** and you are within 60 days of the reinstatement period, this application can still be submitted but must include an additional **\$12.50 reinstatement fee (Total \$37.50)**. If your certification **has expired in excess of 60 days**, you are no longer eligible to renew and you must meet all of the initial certification requirements.

Applicant Information

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:		Fax: ()	
Home Phone: ()	Business Phone: ()	Cell: ()	

Employment Information (if applicable)

Business Name:	DCJS Business License Number:
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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 If **Yes**, please attach a Private Security Criminal History Supplement Form available online at www.dcjs.virginia.gov, and all requested criminal history documentation.
- No

Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with the *Code of Virginia* and the Regulations relating to Private Security Services.

Signature Required: _____ Date: _____
mm/dd/yy

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.