



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, Virginia 23218
Phone: (804) 786-4700 • Fax: (804) 786-6344 www.dcjs.virginia.gov/pss

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

COMPLIANCE AGENT IN-SERVICE CLASSROOM TRAINING ENROLLMENT– FEE \$50.00

IMPORTANT INFORMATION

- This application is for enrollment in Compliance Agent in-service training **only**.
- You **must** submit the [Compliance Agent Renewal Form](#) and a **\$25.00 fee** to obtain renewal of your certification as a Compliance Agent.
- Applicants seeking renewal certification as a Compliance Agent must comply with the requirements outlined in [6VAC20-171-71](#) of the Regulations relating to Private Security Services.
- For additional information, go online at www.dcjs.virginia.gov/pss/business/ca/.

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

| | |
|----------------|-------------------------------|
| Business Name: | DCJS Business License Number: |
|----------------|-------------------------------|

Training Date / Location Requested – Accommodations

| | |
|---|-----------|
| Date: | Location: |
| Do you require Disability Accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| If YES , please specify: | |
| Has the Compliance Agent Renewal Application been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 *Virginia Code* Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

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

Applications are valid for 12 months from the date of submittal

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

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf must be mailed with your application package.
Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218