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| **DCJSlogo2011BWCOMMONWEALTH 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 [www.dcjs.virginia.gov](https://www.dcjs.virginia.gov) | | | | | | |
| **Private Security Services  Electronic Security Employee or Supervisor Application Processing Form****FEE – $25.00** | | | | | | |
| **IMPORTANT INFORMATION**   * This form is **only** for persons who are defined in § 9.1-138. Definitions of the *Code of Virgini*a as either an “Electronic Security Employee” or as a “Supervisor”. This form should **not** be used to apply for registration as a Sales Representative, Electronic Technician, or Central Station Dispatcher. * Submit legal presence documentation. See the [Acceptable Documents](https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/private-security/forms/acceptable-documents-verifying-legal-presence-name-change.pdf) list for verifying legal presence. * You will need to schedule an appointment to be fingerprinted for your Criminal History records check. Please visit <https://fieldprintvirginia.com> or call 877-614-4364. **You will need to use Fieldprint Code FPVADCJSPSS.** The Virginia Department of Criminal Justice Services (DCJS) will automatically be notified of updates related to the process. * The Criminal History records check is only valid for 120 days from date of submittal. If applying for a credential under the regulation of DCJS, please ensure all applicable application forms are submitted within 120 days. * Please note, a criminal history records check may take up to 45 business days to process. * You will receive an Approval or Denial Letter from DCJS depending on the results of the criminal history records check. | | | | | | |
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| **Applicant Information** | | | | | | |
| Last Name: | | | First Name: | | | MI: |
| SSN: | | | DOB: | | | |
| Mailing Address (Street/Apt.#): | | | City, State, Zip: | | | |
| Physical Address (if different than mailing address): | | | City, State, Zip: | | | |
| Email Address: | | | | | | |
| Home Phone: (     ) | Business Phone: (     ) | | | | Fax: (     ) | |
| Employer Business Name: | | | | \*DCJS ID: 11-  *\*Required* | | |
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| Application Category *(check the category that applies) —* | | | | | | |
| Electronic Security Personnel | | Supervisor | | | | |
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| **Legal Presence Verification Required** *(verification applicant is a U.S. citizen or legally authorized to be in the U.S.)* | | | | | | |
| Legal Documentation attached. Legal documentation may be a copy of a birth certificate, U.S. passport, INS Forms (N550, N560, N561, N570). A full list of acceptable documentation may be found on our website at: [www.dcjs.virginia.gov/forms/privatesecurity/listofacceptabledocs.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/listofacceptabledocs.pdf)***\*\*\* Failure to provide legal documentation will result in your form being  returned to you and will cause a delay in the processing of your form\*\*\**** | | | | | | |

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| **Criminal History Records Check** |
| 1. Are you currently under a Protective Order(s)?  Yes  No   If yes, provide a copy of each Protective Order(s) and the Release Date:       .  If more than one, provide information on a separate page for each additional Protective Order. Locality Information for Protective Order: State      \_ County/City/Town of      \_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you **ever** been convicted or found guilty of a felony or misdemeanor (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial?   **Yes\*  No \*If Yes, please complete the following Criminal History Supplemental Information**  ***\*\*\* Failure to provide review documentation will result in a delay in the processing of your form\*\*\**** |
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| Criminal History Supplemental Information  List all convictions in detail and attach required criminal history documentation *(Attach additional form if needed)* |
| Felony  Misdemeanor Date of Conviction:  Conviction:­       Jurisdiction:  Are you currently on probation? Yes No  Have you complied with all court sanctions? Yes No  Have you included all required criminal history documentation for review? Yes No  Statement containing conviction, date of offense, location and circumstances of conviction, a certified copy of all applicable criminal conviction(s), police and court records  Statement and the current status of parole, probation, etc.; and  Supporting documentation (i.e., reference letters, pardons, documentation of rehabilitation, restitution of rights, etc.). |
| Felony  Misdemeanor Date of Conviction:  Conviction:­       Jurisdiction:  Are you currently on probation? Yes No  Have you complied with all court sanctions? Yes No  Have you included all required criminal history documentation for review? Yes No  Statement containing conviction, date of offense, location and circumstances of conviction, a certified copy of all applicable criminal conviction(s), police and court records  Statement and the current status of parole, probation, etc.; and  Supporting documentation (i.e., reference letters, pardons, documentation of rehabilitation, restitution of rights, etc.). |
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| **Affirmation** |
| I, the undersigned, certify that all information contained on the form 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  the pertinent information may be cause for denial and may result in criminal charges.  I hereby give consent and authorize the Virginia State Police and the Federal Bureau of Investigations to process my fingerprints for a criminal history records check and report the results of such record to the Virginia Department of Criminal Justice Services (DCJS). I authorize the Virginia State Police to archive my fingerprints for the purpose of reporting any future criminal history information. I fully understand that if I am arrested this information may be reported to DCJS.  Print Name:  Signature: 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 form   
available on our website. This form must be included with your form package when paying by credit card.

**We do not accept cash.**