



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

INITIAL TRAINING SCHOOL CERTIFICATION – FEE \$800.00 plus \$50.00 per category

IMPORTANT INFORMATION

- This certification application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** category of training selected.
- All Principals of the school must submit a Criminal History Processing Form with the \$25.00 processing fee and schedule an appointment to have their fingerprints scanned. To schedule an appointment, follow the instructions on the Criminal History Processing Form.
- Enclose the following documents with application: (1) Curriculum outlines for each category selected, (2) Copy of school regulations, (3) Copy of training certificates issued to students, (4) Copy of range safety rules (*if applicable*).
- Attach proof of liability, either \$100,000 Surety Bond or General Liability \$100,000/\$300,000 Certificate of Insurance.

Applicant Information

Federal ID Number:	School Name:	Trading As:
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address (if different than mailing address):		City, State, Zip:
Physical Address Where Records are Maintained:		City, State, Zip:
Email Address:	Contact Name:	
Business Phone: ()	Fax: ()	
Range for Firearms Training:		Phone: ()

Type of Ownership (check one)

- | | |
|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation* |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company* |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Limited Partnership* |

* Virginia State Corporation Commission Number: _____
Business/trade name must be registered with the Virginia State Corporation Commission (SCC).

List all Principals (Owners / Officers / Directors) attach additional sheet if needed

Name:	SSN or DCJS ID Number: 99-
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List all Instructors eligible to instruct for Training School (not listed as Director or Asst.)

Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:
Instructor:	SSN or DCJS ID Number:

Training Administration	
Training Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:

Category of training to be provided (check all that apply)
Includes Entry-Level Training, In-Service Training and Firearms Re-Training
<input type="checkbox"/> Security Officers/Couriers/Alarm Respondent (armed and unarmed) to include Arrest Authority. (01, 05) <input type="checkbox"/> Private Investigators. (02) <input type="checkbox"/> Locksmiths, Electronic Security Personnel to include Central Station Dispatchers. (25, 30, 35, 38, 39) <input type="checkbox"/> Armored Car Personnel. (03) <input type="checkbox"/> Personal Protection Specialist. (32) <input type="checkbox"/> Detector Canine Handlers (4ED), Security Canine Handlers. (4ES) <input type="checkbox"/> Special Conservators of the Peace pursuant to § 9.1-150 of the Code of Virginia. (06) <input type="checkbox"/> Bail Bondsmen and Bail Enforcement Agents. (40, 44) <input type="checkbox"/> Firearms. (Check all that apply) <input type="checkbox"/> Entry Level Handgun (07) <input type="checkbox"/> Security Officer Handgun (75) <input type="checkbox"/> Shotgun (08) <input type="checkbox"/> Advanced Handgun (09) <input type="checkbox"/> Patrol Rifle (10)

Affirmation
<p>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 <i>Code of Virginia</i> and Regulations relating to Private Security Services.</p> <p>Signature Required: _____ Date: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> President/Principal Owner mm/dd/yy </div> </p> <p>Printed Name: _____</p>

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