

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 <u>www.dcjs.virginia.gov/pss</u>

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

TRAINING WAIVER CREDIT- FEE \$25.00

IMPORTANT INFORMATION

- ➤ For questions on eligibility refer to the Regulations Relating to Private Security Services <u>6 VAC 20-171-450</u> Entry Level and <u>6 VAC 20-171-460</u> in-service training exemption.
- > You are required to meet all training requirements prior to your **expiration date**. This application will take **a MINIMUM of 30 days to process**—please submit at least 60 days *prior* to expiration date.
- > Only one (1) category of training may be requested per application with the exception of firearms training which may be included with a registration category on this application.
- ➤ General and Firearms Instructor: the only alternatives for 13I and 14I are pre-approved training listed online at Virginia Department of Criminal Justice Services (DCJS) at www.dcjs.virginia.gov/pss/training/alternatives/index.cfm.

Applicant Information								
SSN or DCJS ID Number:	Last Nan	ne:	First Name:				MI:	
Mailing Address (Street/Apt.#):				City, State, Zip:				
Email Address:		Fax: ()						
Home Phone: ()	Business Phone: ()			Cell: ()			
Registration or Certification Expiration Date:								
		In-service Training						
Registration Category Requested								
☐ Private Investigator ☐ Central Station Distriction ☐ Personal Protection Specialist ☐ Electronic Security ☐ Alarm Respondent ☐ Electronic Security ☐ Security Officer/Courier ☐ Special Conservate ☐ Locksmith ☐ Private Security Figure 1			echnician Security Canine Handler ales Representative Detector Canine Handler of the Peace Bail Bondsman					
Firearms Selection								
☐ Handgun 07 ☐ Security Officer Handgun 75E ☐ Shotgun 08 ☐ Advanced Handgun 09 ☐ Patrol Rifle 10								
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.								
Signature Required:						Date:	_ /y	

APPLICATIONS ARE VALID FOR 12 MONTHS FROM THE DATE OF SUBMITTAL

DCJS will make the determination of the requirements needed to fulfill training regulations

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

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Submit a check or money order payable to the TREASURER OF VIRGINIA,

or pay by credit card using the <u>Credit Card form</u> available at <u>www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf</u>

— this form must be included with your application package when paying by credit card.

ALTERNATIVE TRAINING CREDIT TRAINING CHECKLIST

Submit the following documents with this application.

NOTE: We do not maintain documents on file—submit documentation with each application.

Information on the sponsoring organization (brochure, pamphlet, bio card)		Date(s) and location of training (must be on-site unless a pre-approved online program)	
Session Outline		Certification of successful completion (must sho	
Instructor Bio		student's name, sponsoring organization, Instructor signature, course name, and completion	
Length of training program (hours of attendance)		date)	

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