

## 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

## Private Security Services – INITIAL BUSINESS LICENSE APPLICATION 1-Year \$550.00 or 2-YEAR \$800.00 (plus category fee)

IMPORTANT INFORMATION								
	This license application includes one category of service. A \$50.00 non-refundable category fee is required for each <i>additional</i> license category selected.							
	All Principals of the business 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.							
	Proof of liability: A Surety Bond <b>or</b> Certificate of General Liability Insurance (minimum \$1,000,000). Please ensure the Virginia Department of Criminal Justice Services (DCJS) is listed as a certificate holder.							
	Businesses located outside of the Commonwealth of Virginia must complete an Irrevocable Consent for Service Form and list a physical address in Virginia where records will be maintained.							
	Electronic Security Service Businesses must also submit an Electronic Security Personnel or Supervisor Application for any Electronic Security Employee or Supervisor as defined in §9.1-138.							
License Requested								
	☐ One-Year	☐ Two-Year						
Applicant Information								
Federal ID Number: Business Name:								
DBA/Trade As Name:								
Mailing Address (Street/Apt.#):					City, State, Zip:			
Physical Address (if different than mailing address):					City, State, Zip:			
Physical Address in Virginia where records are maintained:					City, State, Zip:			
Email Address:								
Business Phone: ( ) Fax: (					)			
License Category(s) Requested (check each that apply)								
□ F	Private Investigator							
☐ Personal Protection Specialist ☐ Electronic Security Services						☐ Security Canine		
	Security Officers / Couriers Armored Car Personnel Detector Canine							
Type of Ownership (check one)								
	Sole Proprietorship			*		☐ Limited Liability Company*		
☐ General Partnership ☐ Limited Partnership*						Other		
* Virginia State Corporation Commission Number: (if applicable)  Note: Business/Trade Name must be registered with the Virginia State Corporation Commission (SCC).								

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List all Principals (Owners/Officers/Directors) attach additional sheet if needed						
Name:	SSN or DCJS ID I	Number:				
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Name:	SSN or DCJS ID Number:					
Name:	SSN or DCJS ID Number:					
Primary Compliance Agent (for additional compliance agents, please complete the form available online)						
Name:	SSN or DCJS ID Number:					
Compliance Agent Signature:		Date:				
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 <i>Code of Virginia</i> and Regulations relating to Private Security Services.						
Signature Required:	Date: mm/dd/yy					
President/Principal Owner	mm/dd/yy					
Printed Name:						

## 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.** 

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