



**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](http://www.dcjs.virginia.gov)

Want to EXPEDITE your application?  
 — SUBMIT ONLINE —  
 Online Regulatory Licensing System  
[www.dcjs.virginia.gov/online](http://www.dcjs.virginia.gov/online)

**Private Security Services**  
**INITIAL REGISTRATION APPLICATION 2-YEAR REGISTRATION – Fee = \$39.00**

**IMPORTANT INFORMATION**

- Submit a Criminal History Processing Form with the \$25.00 processing fee and schedule an appointment to have your fingerprints scanned. To schedule an appointment follow the instructions on the Criminal History Processing Form.
- A Firearms Endorsement Application is required if you are registering for Armored Car Personnel, Armed Security Officer or Armed Personal Protection Specialist categories.
- Training will be credited only if application for registration is received by the Virginia Department of Criminal Justice Services (DCJS) within 12 months of completion of training.

**Applicant Information**

|                                                       |                        |                   |              |
|-------------------------------------------------------|------------------------|-------------------|--------------|
| SSN or DCJS ID Number:                                | Last Name:             | First Name:       | MI:          |
| 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- |

**Registration Category (check all that apply)** — *\* Armored Car Personnel, Armed Personal Protection Specialist and Armed Security Officers are required to maintain a firearm endorsement.*

|                                                                |                                                                 |                                                               |
|----------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> *Armored Car Personnel                | <input type="checkbox"/> Detector Canine Handler – Explosives   | <input type="checkbox"/> Electronic Security Technician Asst. |
| <input type="checkbox"/> *Armed Security Officer/ Courier      | <input type="checkbox"/> Detector Canine Handler – Narcotics    | <input type="checkbox"/> Electronic Security Technician       |
| <input type="checkbox"/> *Armed Personal Protection Specialist | <input type="checkbox"/> Alarm Respondent                       | <input type="checkbox"/> Electronic Security Sales Rep        |
| <input type="checkbox"/> Private Investigator                  | <input type="checkbox"/> Unarmed Security Officer/Courier       | <input type="checkbox"/> Locksmith                            |
| <input type="checkbox"/> Security Canine Handler               | <input type="checkbox"/> Unarmed Personal Protection Specialist | <input type="checkbox"/> Central Station Dispatcher           |

**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 *Code of Virginia* and Regulations relating to Private Security Services.

Signature Required: \_\_\_\_\_ 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 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.**