



**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 –  
 RENEWAL BUSINESS LICENSE APPLICATION 2-YEAR LICENSE – FEE \$500.00**

**IMPORTANT INFORMATION**

- This license application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** license category selected.
- All *new* 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 **or** 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.
- If the current license is expired, you have **60 days** from the date expiration to submit a non-refundable reinstatement fee of **\$250** and meet all of the renewal requirements. If 60 days has passed, you are no longer eligible to renew and you must meet all of the initial business licensing requirements.

**Applicant Information**

DCJS ID Number: 11-	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:	Contact Name:
Business Phone: ( )	Fax: ( )

**License Category(s) Requested** *(check each that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Private Investigator           | <input type="checkbox"/> Locksmith                    | <input type="checkbox"/> Canine Handler Services: |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Electronic Security Services | <input type="checkbox"/> Security Canine          |
| <input type="checkbox"/> Security Officers / Couriers   | <input type="checkbox"/> Armored Car Personnel        | <input type="checkbox"/> Detector Canine          |

**Type of Ownership** *(check one)*

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

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

<b>Criminal History</b>	
Have you or any owner, officer, director, or employee <b>been convicted</b> or <b>found guilty of a felony or misdemeanor</b> (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the <b>past two years</b> ? <input type="checkbox"/> Yes * <input type="checkbox"/> No *If <b>YES</b> , please attach a Private Security Criminal History Supplement form available online at <a href="http://www.dcjs.virginia.gov">www.dcjs.virginia.gov</a> and all requested criminal history documentation.	
<b>List all Principals (Owners / Officers / Directors) attach additional sheet if needed</b>	
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
<b>Primary Compliance Agent</b>	
Name:	SSN or DCJS ID Number:
Compliance Agent Signature:	Date:
<b>Additional Compliance Agents</b>	
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
Name:	SSN or DCJS ID Number:
<b>Affirmation</b>	
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: _____
President/Principal Owner/Compliance Agent	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.**