



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

RENEWAL TRAINING SCHOOL CERTIFICATION – 2 Years
FEE \$500.00 plus \$50.00 per category

IMPORTANT INFORMATION

- This license application includes one category of service. A \$50.00 non-refundable category fee is required for each **additional** category of training selected.
- All *new* Principles 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.
- For *new categories* of training, 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.
- If the current certification is expired, you may reinstate your certification providing all renewal requirements are met; and an additional, non-refundable reinstatement fee of **\$250.00** is submitted to the department within **60 days** following the expiration date of your certification. If 60 days has elapsed, this application cannot be processed and all initial certification requirements will need to be met. For additional information, please access the DCJS website.

Applicant Information

DCJS School ID Number: 88-	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:
Range for Firearms Training:		Phone: ()
Email Address:		Contact Name:
Business Phone: ()	Fax: ()	

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).

Criminal History

Have you, your Principles or our instructors **been convicted** or **found guilty of a felony or misdemeanor** (not including minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the **past two years**

- Yes * No

* If Yes, please attach a Private Security Criminal History Supplement Form and all requested criminal history documentation for each individual.

List all NEW Principals (Owners/Officers/Directors)	
Name:	SSN or DCJS ID Number: 99-
Name:	SSN or DCJS ID Number: 99-
NEW Training Administration	
Training Director:	SSN or DCJS ID Number:
Signature Required:	Date:
Assistant Director:	SSN or DCJS ID Number:
Signature Required:	Date:
List all NEW 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:
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) <ul style="list-style-type: none"> <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: _____ President/Principal Owner mm/dd/yy</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