



For Use Only By Private Security Services Registrants
REPLACEMENT/DUPLICATE REGISTRATION FORM

Fee = \$34.00

IMPORTANT INFORMATION

- This form is for the replacement of a lost or damaged credential for Private Security Services Registrants *only*. For all others who are requesting a Replacement/Duplicate for a *certification (Compliance Agent/Instructor/Training School) or license (Business)* please do not submit this application.
- This form may take approximately 5 to 7 business days to process.

Applicant Information – Please Select Replacement Category

- | | | |
|---|---|---|
| <input type="checkbox"/> Armored Car Personnel | <input type="checkbox"/> Detector Canine Handler – Explosives | <input type="checkbox"/> Electronic Security Technician |
| <input type="checkbox"/> Armed Security Officer/Courier | <input type="checkbox"/> Detector Canine Handler – Narcotics | <input type="checkbox"/> Electronic Security Technician Assistant |
| <input type="checkbox"/> Armed Personal Protection Specialist | <input type="checkbox"/> Alarm Respondent | <input type="checkbox"/> Electronic Security Sales Representative |
| <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 |

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: ()
--------------------	------------------------	-------------

Criminal History – Individuals

Have you **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 a protective order(s) within the **past two years**?

- Yes * No * If Yes, please attach a Criminal History Supplemental Form available on our web site and all requested criminal history documentation.

Affirmation

I, the undersigned, certify that all information contained in this form 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 or revocation, and may result in criminal charges. I understand that I am responsible for maintaining full compliance with the *Code of Virginia* and the Virginia Administrative Code.

Signature Required: _____ Date: _____
Credential Holder 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 form available on our website. This form must be included with your form package when paying by credit card.