



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

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**Special Conservator of the Peace**  
**DUPLICATE / REPLACEMENT REGISTRATION DOCUMENT APPLICATION – FEE \$20.00**

**IMPORTANT INFORMATION**

This application will replace your registration document. The same expiration will remain in effect.

**Applicant Information**

DCJS ID Number: 99-	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Registration Category**

Unarmed SCOP Registration

Armed SCOP Registration

**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 of my application or criminal prosecution, including but not limited to feloniously forging and uttering a public document in violation of *Va. Code* § 18.2-168. I understand that I am responsible for maintaining full compliance with the *Virginia Code* and applicable regulations relating to Special Conservators of the Peace.

Signature Required: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yy

***All fees are non-refundable. Applications 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](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf)  
— this form must be included with your application package when paying by credit card.