

COMMONWEALTH OF VIRGINIA Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218
Phone: (804) 786-4700 • <u>www.dcjs.virginia.gov</u>

TRAINING COMPLETION ROSTER APPLICATION - FEE \$30.00

IMPORTANT INFORMATION

- > You may only provide one category of training per application.
- > Rosters must be received within **seven (7) days** of training completion date, or if mailed, postmarked no later than **five (5) days** following the training completion date.
- > Amendments to rosters not submitted within 30 days of training date must submit the \$30.00 application processing fee.

School Information							
DCJS School ID Number: School Name: 88-			Trading As:				
Primary Instructor:				DCJS ID Number: 99-			
Location of Training:				City, State, Zip:			
Location of Range:				Code:			
Start Date: S	Start Time:	(Military Format)	End Dat	te:	End Time:	(Military Format)	
Category of Training (one training session per roster application)							
Entry level Subjects							
 □ 01E Security Officer Core Subjects □ 02E Private Investigator □ 03E Armored Car Personnel □ 4ES Security Canine Handler □ 4ED Detector Canine Handler □ 05E Armed Security Officer Arrest Authority □ 06E Special Conservator of the Peace Core Subjects □ 25E Locksmith 			 □ 30E Electronic Security Subjects □ 32E Personal Protection Specialist □ 35E Electronic Security Technician □ 38E Central Dispatcher □ 39E Electronic Security Sales Representative □ 40E Bail Bondsman □ 44E Bail Enforcement Agent 				
In-Service Subjects							
 □ 01I Security Officer Core Subjects □ 02I Private Investigator □ 03I Armored Car Personnel □ 4IS Security Canine Handler □ 4ID Detector Canine Handler □ 06I Special Conservator of the Peace Core Subjects 				 □ 25I Locksmith □ 30I Electronic Security Subjects □ 32I Personal Protection Specialist □ 40I Bail Bondsman □ 44I Bail Enforcement Agent 			
Firearms Training							
☐ 07E Entry-Level Hand☐ 75E Security Officer H☐ 07R Handgun Re-Trai	landgun 🗌	08E Shotgun Traini 08R Shotgun Re-Ti 10E Patrol Rifle	_	09R Adva	anced Handgun ⁻ anced Handgun I ol Rifle Re-Traini	Re-Training	

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Student Information						
DCJS ID Number:	Last name:	First name:				
Affirmation						
I certify that each individual has satisfactorily completed the training mandated for each specified training category pursuant to the Regulations Relating to Private Security Services 6 VAC 20-174.						
Signature Required:	Date: ———					
Traini	mm/dd/yy					
Printed Name:						
DCJS ID Number: 99-						

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.

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