



Commonwealth of Virginia  
Virginia Department of Criminal Justice Services  
School Security Officer (SSO)

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## Training Class Request

### REQUESTED BY

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Daytime Phone No: \_\_\_\_\_

### HOST INFORMATION

Host Locality: \_\_\_\_\_  
Requested Training Dates: \_\_\_\_\_  
Hours: \_\_\_\_\_ to \_\_\_\_\_  
Additional training date information here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Modules to be completed (provide all that apply [1,2,3,4,5]): \_\_\_\_\_  
Number of students you will be training: \_\_\_\_\_  
Number of additional seats available to others: \_\_\_\_\_

### TRAINING SITE ADDRESS

Facility Name: \_\_\_\_\_  
Street, City: \_\_\_\_\_  
Phone: \_\_\_\_\_

### SUITABLE CURRICULUM MAILING ADDRESS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
United Parcel Service Account Number: \_\_\_\_\_  
(curriculum shipping cost is billed to recipient's UPS account)

### TESTING

Please provide testing dates AND times in the space provided.  
Module 1: \_\_\_\_\_  
Module 2: \_\_\_\_\_  
Module 3: \_\_\_\_\_  
  
Name of Proctor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

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**Please submit the completed form with documentation to DCJS**

By mail: Virginia Department of Criminal Justice Services, Division of Law Enforcement and Security Services, 1100 Bank Street, Richmond, VA 23219  
By fax: 804-786-0410 or By email: [jessica.smith@dcjs.virginia.gov](mailto:jessica.smith@dcjs.virginia.gov)