



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

P.O. Box 1300 • Richmond, Virginia 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**COMPLIANCE AGENT INITIAL CERTIFICATION APPLICATION – FEE \$50.00**

**IMPORTANT INFORMATION**

You **must** include **Third Party Documentation** verifying the types and dates of experience and **must** be attached to this application. You **must** also include a finger print card, [fingerprnt application](#), and an additional **\$50.00 processing fee**. ([Acceptable Documentation](#) may be found online at [www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm](http://www.dcjs.virginia.gov/pss/howTo/common/officialDocumentation.cfm))

- To be eligible the experience **must** be either:
  - Three (3) years of managerial or supervisory experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.
- OR**
- Five (5) years experience in a private security services business, a federal, state, or local law enforcement agency, or in a related field.
- Required Regulatory Compliance Entry-Level Training must be applied for by separate application.

**Applicant Information**

SSN or DCJS ID Number:	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:		Fax: ( )	
Home Phone: ( )	Business Phone: ( )	Cell: ( )	

**Employment Information**

Business Name:	DCJS Business License Number:
----------------	-------------------------------

**Type of Experience (must attach third party documentation verifying experience)**

Law Enforcement  Private Security Services\*

Other Related Field\*\*

\*Category(s): \_\_\_\_\_

\*\*Field(s): \_\_\_\_\_

**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 and may result in criminal charges. I understand that I am responsible for maintaining full compliance with *Virginia Code* Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6 VAC 20-171.

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

**Applications are valid for 12 months from the date of submittal**

**All fees are non-refundable. Applications received without payment will be returned.**

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card insert available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf) must be mailed with your application package.  
Mailing address: Virginia Department of Criminal Justice Services, P.O. Box 1300, Richmond, VA 23218