

<p><b>RENEWAL REGISTRATION APPLICATION</b>  <b>Form Code: PSS_RR    Fee Code: 111</b>  <b>Application Fee - \$20.00</b>  Check or Money Order payable to:  Treasurer, Commonwealth of Virginia  Or apply online:  <a href="http://www.dcjs.virginia.gov/pss/watson.cfm">www.dcjs.virginia.gov/pss/watson.cfm</a>  <b>Application Fees are Non-Refundable</b></p>	<p align="center"><b>COMMONWEALTH OF VIRGINIA</b>  <i>Department of Criminal Justice Services</i>  <b>Private Security Services Section</b>  <b>P.O. Box 1300</b>  <b>Richmond, VA 23218</b>  <b>Phone #: (804) 786-4700; Fax #: (804) 786-6344</b>  <b>Website: <a href="http://www.dcjs.virginia.gov/pss">www.dcjs.virginia.gov/pss</a></b>  <b>Status Hotline: (804) 786-1132 or 1-877-9STATUS</b></p>
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1. Applicant Name: \_\_\_\_\_  
Last Name First Name MI
2. Social Security Number \_\_\_\_\_ **or** DCJS # 99- \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip
4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_
5. May the Department provide information via an e-mail address?  Yes  No
6. E-Mail Address: \_\_\_\_\_
7. Are you currently employed by a Private Security Business  Yes  No
- If yes, Business Name: \_\_\_\_\_ DCJS ID# 11- \_\_\_\_\_

8. Has your current registration expired?  Yes\*  No

**If Yes**, you may reinstate your registration providing this application is completed, all renewal requirements are met; and the applicable nonrefundable application fee and additional reinstatement fee of **\$10.00** is submitted to the department within 60 days following the expiration date of your registration. If 60 days has elapsed, this application cannot be processed and **initial** registration requirements will need to be met.

9. Registration Category(s) Requested: (Check all applicable categories)

- |   |   |
|---|---|
| <input type="checkbox"/> Private Investigator             | <input type="checkbox"/> Alarm Respondent                         |
| <input type="checkbox"/> Personal Protection Specialist   | <input type="checkbox"/> Central Station Dispatcher               |
| <input type="checkbox"/> Security Canine Handler          | <input type="checkbox"/> Electronic Security Technician           |
| <input type="checkbox"/> Unarmed Security Officer/Courier | <input type="checkbox"/> Electronic Security Technician Assistant |
| <input type="checkbox"/> Armed Security Officer           | <input type="checkbox"/> Electronic Security Sales Representative |
| <input type="checkbox"/> Armored Car Personnel*           |   |

**Note: If you carry or have immediate access to a firearm in the performance of your duties, you will need to apply for and be issued a firearms endorsement (Form PSS\_RF).**

\*Armored Car Personnel are required to submit fingerprints and a fingerprint processing application form PSS\_FP upon each renewal of their registration.

10. Have you completed all required mandated entry-level or in-service training for selected categories?

Yes Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
mm/dd/yy  
Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
mm/dd/yy  
Course Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
mm/dd/yy

(if additional space is needed, please attach a separate piece of paper)

No If No, this application cannot be processed until training has been completed, for more information view our website [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss) or contact our customer service representatives for training requirements.

11. Have you **been convicted or found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders within the past two years?  Yes\*  No

**\*If Yes**, please attach a **Private Security Criminal History Supplemental Form** (PSS\_CHS) and all requested criminal history documentation. *This form may be found on our website [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss) under Form Name: PSS\_CHS.*

12. Are you currently registered or certified in a private security category in any other state or jurisdiction?

No  Yes \_\_\_\_\_  
Please list states/jurisdictions – attach additional paper if necessary.

13. Have you committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

No

Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

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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.

14. Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy