

Individual ADDRESS CHANGE FORM

Form Code: PSS_IAC

You may edit your contact information online at:

<http://www.dcjs.virginia.gov/pss/index.cfm>**COMMONWEALTH OF VIRGINIA***Department of Criminal Justice Services***Private Security Services Section****P.O. Box 1300, Richmond, VA 23218****Phone #: (804) 786-4700; Fax #: (804) 786-6344****Website: <http://www.dcjs.virginia.gov/pss>****Status Hotline: (804) 786-1132 or 1-877-9STATUS**1. Applicant Name: _____
L ast 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

E-Mail Address: _____

6. Are you currently employed by a Private Security Business Yes No

If yes, Business Name: _____ DCJS ID# _____

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.

Applicant's Signature _____ Date: _____
mm/dd/yy