



**REPLACEMENT REGISTRATION OR CERTIFICATION APPLICATION – FEE \$20.00**

**IMPORTANT INFORMATION**

- This application is for the replacement of a lost or damaged credential **only**.
- This application may take approximately 5 to 7 business days to process.

**Applicant Information**

Replacement Type: <input type="checkbox"/> Registration <input type="checkbox"/> Certification _____			
DCJS ID Number: 99-	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address (if different than mailing address):		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Employment Information**

Business Name:	DCJS ID Number: 11-
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**Criminal History**

Have you **been convicted or found guilty of a felony or misdemeanor** (not including 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 Supplement Form](#) and all requested criminal history documentation.

**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 the *Code of Virginia*.

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.**

Submit a check or money order payable to the TREASURER OF VIRGINIA,  
**or** pay by credit card using the [Credit Card form](#).

—This form must be included with your application package when paying by credit card.