



CRIME PREVENTION SPECIALIST RE-CERTIFICATION APPLICATION

Applicant's Name: _____ E-Mail/Title _____

Employing Agency: _____

Address: _____

Recommended by:

Law Enforcement/Criminal Justice Agency Chief Executive Officer or Designee: _____

PLEASE PRINT

Signature: _____

Telephone: _____ Date: _____

Employer at time of initial certification: _____

Date of previous certification: _____

***Re-certification applications must be received in DCJS between October 1 and November 30 of the third year of certification.

Have you received forty (40) hours of additional crime prevention training since initial certification as a Crime Preventic Specialist or within the past three (3) years?

☐ YES ☐ NO If YES, please provide the following information:

Dates	Hours	Training provided by (Note-Applicants may chose to attach their Training Academy Training History and note "See Attached") History, Certificates or PIC forms must accompany application
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you requesting an extension of the time limit before the Crime Prevention Specialist certification expires?

☐ YES ☐ NO If YES, please justify the request: _____

PLEASE ATTACH DOCUMENTATION FOR ALL COMPLETED TRAINING TO THIS APPLICATION AND RETURN T

Virginia Department of Criminal Justice Services, Office of Regulatory Affairs

1100 Bank Street, 9th Floor, Richmond, VA 23219

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