



PRIVATE INVESTIGATORS ASSOCIATION OF VIRGINIA

MEMBERSHIP APPLICATION

(APPLICANT – PLEASE PRINT LEGIBLY – FILL OUT COMPLETELY)

TYPE OF MEMBERSHIP: Regular: _____ Affiliate: _____ [See Page 2 for Requirement for Membership]

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
NUMBER STREET APT.

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE : _____ FAX: _____

DCJS REGISTRATION # _____ DATE OF EXPIRATION: _____

EMAIL: _____ DCJS REGISTERED SINCE: _____

OTHER DCJS REGISTERED CATEGORIES: _____ DCJS CERTIFIED _____

OTHER STATE PRIVATE INVESTIGATIVE LICENSE(S)/REGISTRATION(S) [List only current license(s)/registration(s)]:

STATE(S) / LIC/REG # (S): _____

CURRENT PRIVATE INVESTIGATIVE EMPLOYER (IF ANY):

BUSINESS NAME / LICENSE STATE/LICENSE #: _____

SPECIALIZED INVESTIGATIVE SKILL/ABILITY/EXPERIENCE (Circle all applicable):

Photography Surveillance Language Proficiency Forensic Proficiency Other (Please Identify) _____

Forensic Skill (Identify) _____ Foreign Language(s) and proficiency: _____ (Oral)(Written)(Level)

HAS YOUR PRIVATE INVESTIGATIVE LICENSE IN VIRGINIA OR ANY OTHER JURISDICTION EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____ [If yes, provide full explanation. Use reverse side or supplemental page for explanation].

REFERENCES: [LIST THREE (3) REFERENCES. PROVIDE FULL NAME, ADDRESS, AND PHONE NUMBER]

1. _____

2. _____

3. _____

LICENSED PRIVATE INVESTIGATIVE FIRMS (COMPLETE THIS SECTION)

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____ DCJS LICENSE #: _____

BUSINESS PHONE: _____ FAX: _____



PRIVATE INVESTIGATORS ASSOCIATION OF VIRGINIA

MEMBERSHIP APPLICATION (Continued)

E-MAIL: _____ WEB SITE: _____

OTHER STATE LICENSE(S): _____

INVESTIGATIVE SPECIALTIES: 1) _____ 2) _____ 3) _____ [List Primary Business Activities - See Codes Below]

CERTIFICATION (ALL APPLICANTS)

Affidavit / Waiver Regular Membership Applicants: I certify that I am registered as a private investigator in the Commonwealth of Virginia. I understand that maintaining a valid registration as a private investigator in the Commonwealth of Virginia is a prerequisite to both my admission as a Regular Member and continuing my Regular Membership in the Association.

Affidavit /Waiver (All Applicants): I agree to abide by the Bylaws and Code of Ethics of PIAVA and understand that a violation could result in the suspension or revocation of my membership. Should there be an action or claim against me, I agree to furnish PIAVA with all information relative to such claim or action within 30 days of receiving notice of such claim or action. I understand that my failure to notify PIAVA may be grounds for action concerning continued membership in PIAVA. I also give my full consent and authorization to PIAVA, its Officers and their Agents to inquire into such claim/action and inquire into my reputation, character and fitness for membership. I understand that failure to respond to requests for information or submitting false information will result in suspension or revocation of my membership. I hereby agree to release and hold harmless the PIAVA organization, its officers, members, and agents from all liability, claims, injuries (actual or implied) in matters emanating from any such inquiry. I agree to abide by the decision of the Board of Directors of PIAVA, and expressly waive any right to dispute that decision and agree to waive any right to take any action, legal or otherwise, against PIAVA, its Officers, Directors, members, or Agents.

I certify that the entries made by me in the above application are true, complete and correct to the best of my knowledge and belief and are made in good faith and authorize verification of the information contained herein.

Signature: _____ Date: _____

NOTE: APPLICANTS MUST INCLUDE A COPY OF REGISTRATION AND LICENSE (IF APPLICABLE) WITH THIS APPLICATION

MEMBERSHIP TYPES: Regular Members: Open to private investigators registered with the Virginia Department of Criminal Justice Services (DCJS). This membership is open only to individuals and is not transferable. [Application Fee/Initial Dues: \$50.00. Annual Renewal: \$45.00].
Affiliate Members: Open to licensed private investigators from States other than Virginia; to individuals who are registered by DCJS in other private security categories; and industry related individuals. [Application Fee/Initial dues: \$40.00. Annual Renewal: \$35.00].

MAIL APPLICATION TO: **PRIVATE INVESTIGATORS ASSOCIATION OF VIRGINIA**
P.O. Box 1115, Fairfax, VA 22038

BUSINESS SPECIALTY CODES

ABU Abuse (Domestic, Child, Elder)	DDR Drunk Driver Defense	PHO Investigative Photography
ACC Accident Reconstruction	EDD Explosive Detection Dog	POL Polygraph Examiner
ARS Arson	EOC Explosive Countermeasures	PRE Pre-Employment Screening
AVN Aviation	ELS Electronic Security	PS Process Service
BKG Background Investigations	HOM Homicide, mysterious death	PPS Personal Protection Specialist
BOA Boating Accidents	HWA Handwriting Analysis	PRD Products Liability
COM Computer Crimes/Forensics	IDT Identity Theft	RSA Risk and Security Assessment
COR Corporate Investigations	IND Industrial Accidents	SKT Skiptrace/Locates
CRM Criminal Defense	INT Intellectual Property	STK Stalking and Harassment
CTR Counter surveillance	LIT Litigation Support	SUR Surveillance Physical/ Electronic
CUS Child Custody	MAL Malpractice	WKR Workers' Compensation
CVL Civil Rights	MIS Missing Persons	WKV Workplace Violence
DOC Document Examination	MRT Maritime	WRG Wrongful death
DOM Domestic Relations/Family Law	PIN Personal Injury	