

PIAVA MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY AND FILL OUT COMPLETELY

Type of membership: Principal _____ (Initial Dues \$50.00/\$45 annually, see official membership requirements)
 Affiliate _____ (Initial Dues \$40.00/\$35 annually, see official membership requirements)

NAME _____
 LAST FIRST MIDDLE

HOME ADDRESS: _____
 NUMBER STREET APT.

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE : _____ DCJS REGISTRATION # _____

EMAIL: _____ REGISTERED SINCE: _____

OTHER STATES REGISTERED: _____

OTHER DCJS REGISTERED CATEGORIES: _____ DCJS CERTIFIED _____

I AM INTERESTED IN SERVING ON ONE (OR MORE) OF THE FOLLOWING COMMITEES:

Constitution and By-Laws ___ Ethics and Grievance/Non-Licensed Practices ___ Legislative ___ Membership ___ Public Relations ___

PLEASE LIST THREE (3) REFERENCES. PROVIDE FULL NAME, TITLE AND PHONE NUMBER.

1. _____
2. _____
3. _____

LICENSED FIRMS ONLY

NAME OF BUSINESS _____

BUSINESS ADDRESS _____

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

BUSINESS PHONE: _____ FAX: _____

E-MAIL: _____ WEB SITE: _____

OTHER STATES LICENSED: _____

PRIVATE SECURITY SERVICES BUSINESS OWNER SINCE: _____ (Year)

PLEASE SELECT THREE (3) SPECIALTY CODES FROM PAGE 2 OF THIS APPLICATION 1) _____ 2) _____ 3) _____

ALL MUST CERTIFY

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: _____

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

Make check or money order payable to and mail to:
Private Investigators Association of Virginia, Inc. (PIAVA)
P.O. Box 1115
Fairfax, Virginia 22038
www.PIAVA.org

<p style="text-align: center;">FOR OFFICIAL USE ONLY</p> <p>Date Received _____</p> <p>Date Approved : _____</p> <p>Chapter _____</p> <p>Sponsor _____</p> <p>_____</p> <p>BOD Approve _____</p> <p>Newsletter List _____</p> <p>Notified _____</p> <p>Amount Received: _____</p>

Private Investigator Association of Virginia, Inc.

Business Specialty Codes

Licensed private security services businesses may select up to three (3) specialty codes that will be featured on PIAVA'S website under Company Directory. Please insert codes in the appropriate spaces on the Membership Application.

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

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WRG Wrongful death