



**PILOT SECURITY RADIO
GRANT PROGRAM
APPLICATION**

Business Name: _____

Owner's Name(s): _____

Address: _____

Phone: _____ **FAX:** _____

Provide a description of the business and or property which the organized security program will monitor: _____

Provide the name of the Contract Security Company: _____

Does the property owner or its agent have a DCJS certification? YES _____ No _____

Provide the DCJS certification number for the entity using the radio: _____

Has applicant signed the Memorandum of Agreement and attached to this document?
YES _____ NO _____

If you are not the building or property owner, do you have permission from the building or property owner to make the above request? YES _____ NO _____

By filling out this application you are stating you have read and agree to comply with all the rules and regulations of the Pilot Security Grant Program as written.

I certify that the above information is correct to the best of my knowledge.

Name, Title

Date

All applications must be completed and submitted to Coliseum Central Business Improvement District. Mail, email or fax applications to 4410 E. Claiborne Square, Suite 211, Hampton, VA 23666, FAX, (757) 826-2784. Please contact Coliseum Central at (757) 826-6351 if you have questions.