



**Polygraph Examiners Advisory Board
 LICENSE/INTERN REGISTRATION APPLICATION**

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

To obtain a polygraph examiner license or intern examiner registration, your application package must include:

- A complete and legible application;
- A copy of your Virginia CCRE Report (dated no more than 30 days prior to the submission of this application);
- An official school transcript verifying your high school or college education (if applicable);
- An official school transcript or training certificate from a Department-approved polygraph school (if applicable);
- *For reciprocity applicants*, Certifications of Good Standing from each state in which you hold a current polygraph examiner license, certification, or registration; dated within the last 60 days; and
- *For intern applicants*, a completed Supervisor Endorsement Form.

Select one license type you are requesting:

| X | License Type | Trans | Fee | X | License Type | Trans | Fee |
|--------------------------|--|-------|----------|--------------------------|--|-------|------|
| <input type="checkbox"/> | 1601- Polygraph Examiner by Exam | 1005 | \$200.00 | <input type="checkbox"/> | 1602- Polygraph Examiner Intern by Initial App | 1020 | \$75 |
| <input type="checkbox"/> | 1601- Polygraph Examiner by Re-Exam | 1006 | \$200.00 | <input type="checkbox"/> | 1602- Polygraph Examiner Intern by Reciprocity | 1021 | \$75 |
| <input type="checkbox"/> | 1601 - Polygraph Examiner by Reciprocity | 1021 | \$190.00 | | | | |

1. Have you administered polygraph examinations in a federal jurisdiction or the United States Military?

No

Yes If yes, you may qualify for an internship waiver pursuant to board regulations.

2. Name _____

Last

First

Middle

Generation

3. Provide **one** of the following identification numbers.

Social Security Number or Virginia DMV Control Number *

- -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____ (Must be at least 18 years of age.)

MM/DD/YYYY

5. Mailing Address (PO Box accepted)

Mailing address will be printed on the license.

City

State

Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City

State

Zip Code

7. Email Address _____

| OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
| | | | | | 16 | |

14. Name and location of the board approved polygraph school where you completed the required training in detection of deception. A complete list of approved schools can be found on our website at: www.dpor.virginia.gov

Required Attachment: An official school transcript or verification of training completion attached to your application package.

15. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
16. A. Have you ever been convicted in any jurisdiction of a **felony**? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you ever been convicted in any jurisdiction of a **misdemeanor** involving lying, cheating, stealing, sexual offense, non-marijuana drug distribution, physical injury, or relating to the practice of the profession? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).

By signing this application, you acknowledge that if you are not a Virginia resident, *or move outside of Virginia while you hold a Virginia Polygraph Examiner License*, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

17. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 18, of the Code of Virginia and the Virginia Polygraph Examiner's Advisory Board Regulations.

Printed Name _____

Signature _____ Date _____