

**Polygraph Examiners Advisory Board**  
**INTERNSHIP COMPLETION & LICENSE EXAM FORM**  
**Fee \$200.00**

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.**

**Instructions:**

Section A: Intern Polygraph Examiner must complete this section.  
 Section B: The intern's supervisor must complete this section. This supervisor must be the same individual who signed the Supervisor Endorsement Form submitted with the applicants original License/Intern Application.

**Section A**

1. Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_
2. 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.
3. Date of Birth \_\_\_\_\_ (Must be at least 18 years of age.)  
 MM/DD/YYYY
4. Mailing Address (PO Box accepted) \_\_\_\_\_  
 If a mailing address is submitted, the mailing address will be printed on the license.  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Street Address (PO Box not accepted) \_\_\_\_\_  
**PHYSICAL ADDRESS REQUIRED**  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. Email Address \_\_\_\_\_
7. Contact Numbers \_\_\_\_\_  
 Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Fax \_\_\_\_\_
8. Examination date requested \_\_\_\_\_  

Examination Schedules are located on the DPOR website at <http://www.dpor.virginia.gov/Boards/Polygraph-Examiners/> - Education & Exams tab.
9. 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 Examiners Advisory Board Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1005		1601	

**Section B**

10. Supervisor's Name

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Generation \_\_\_\_\_

11. Supervisor's VA Polygraph Examiner License Number (if applicable)

1 | 6 | 0 | 1 | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

12. Supervisor's Business Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

13. Supervisor's Telephone &amp; Fax Numbers

Primary Telephone \_\_\_\_\_ Fax \_\_\_\_\_

14. Date of Internship From: \_\_\_\_\_ To: \_\_\_\_\_

MM/DD/YYYY MM/DD/YYYY

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the board's decision to approve this application. I also 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 Examiners Advisory Board Regulations*.

I also certify that all guidelines set forth in Regulation 18VAC120-30-70 have been met.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_