Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

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 _____ (MM/DD/YYYY) (Must be at least 18 years of age.)

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
   ☐ Check here if Street Address is the same as the Mailing Address listed above.
   _____
   _____ (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 & Fax Numbers _____ (Primary Telephone) _____ (Fax)

14. Date of Internship From: _____ (MM/DD/YYYY) To: _____ (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 _____