Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2566
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

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 an accredited Polygraph Association Training Program or an equivalent 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
☐	1601- Polygraph Examiner by Exam	1005	$200.00	☐	1602- Polygraph Examiner Intern by Initial App	1020	$75
☐	1601- Polygraph Examiner by Re-Exam	1006	$200.00	☐	1602- Polygraph Examiner Intern by Reciprocity	1021	$75
☐	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 _____ (MM/DD/YYYY) (Must be at least 18 years of age.)

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) ☐ Check here if Street Address is the same as the Mailing Address listed above.
   PHYSICAL ADDRESS REQUIRED
   _____
   _____ (City) _____ (State) _____ (Zip Code)

7. Email Address _____

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

8. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)

9. Do you have an expired polygraph examiner license, certification or registration issued by the Virginia Department of Professional & Occupational Regulation?

No ☐

Yes ☐ If yes, complete the following information:

Virginia License Number | 1 | 6 | | | | | | | | | Expired Date _____

10. Are you applying for a Virginia Polygraph Examiner Intern Registration?

No ☐

Yes ☐ If yes, please include a completed *Supervisor Endorsement Form* with your application package.

11. Do you have a current or expired polygraph examiner license, certification or registration issued by another state or jurisdiction?

No ☐

Yes ☐ If yes, list all the license, certification, and registration in the following table and attach a Certification of Licensure/Letter of Good Standing◆, dated within the last 60 days from each state/jurisdiction.

State/Jurisdiction	License, Certification or Registration No.	Expiration Date

◆ Certifications of Licensure/Letter of Good Standing prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.);* **and** *5) all closed disciplinary actions resulting in violations or undetermined.*

12. A. Indicate the highest level of education you have completed. Select only **one**.

☐ High School or GED: At least 5 years of experience as an investigator, a detective, or in a field that demonstrates your ability to practice polygraph is required.

Required Documentation: A copy of a diploma or official school transcript.

☐ Associate's Degree: At least 3 years of experience as an investigator, a detective, or in a field that demonstrates your ability to practice polygraph is required.

Required Documentation: Attach an official school transcript or degree verification.

☐ Bachelor's Degree: No additional experience is required.

Required Documentation: Attach an official school transcript or degree verification. Skip to question #15.

B. Name and location of educational institution _____

_____

_____ (City) _____ (State) _____ (Zip Code)

13. Complete the following table to document the required experience.

Date		Employer's Name & Address	Description of Duties	Supervisor's Name & Title
From	To			

Required Documentation: *Attach a letter from each employer to verify all experience entries.*

14. Name and location of the accredited Polygraph Association Training Program or equivalent 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***?

    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?

    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 _____