

Polygraph Examiners Advisory Board
POLYGRAPH SCHOOL CURRICULUM APPROVAL APPLICATION
No Fee Required

1. Business Entity/Sole Proprietor's Name _____

2. Trade, "Doing Business As" (DBA), or Fictitious Name _____

▲ All business entities with DBA and Fictitious names must attach a copy of the certificate filed with the Clerk of the Court in the locality where business will be conducted (if required by the locality).

3. Type of business entity (select only one)

Sole Proprietorship Limited Partnership ♦ Limited Liability Company ♦ Other, please specify:
 Association General Partnership Corporation ♦

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

4. Select one of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) *

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number or

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Social Security or Virginia DMV Number (123-45-6789)

* 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.

5. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the 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. Web Address _____

8. Contact Numbers _____

Primary Telephone _____ Alternate Telephone _____ Fax _____

9. VA Polygraph Advisory Board Provider Registration Number:
(if already approved Provider)

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10. School Owner(s): Enter the name of the proprietor partnership, association, limited liability company, or corporation:

11. Name and Title of Contact Person _____

Name _____ Title _____

12. Telephone Number for Contact Person _____

Primary Telephone _____ Alternate Telephone _____

13. Email Address for Contact Person _____

14. Instructor Information: Attach a resume for each instructor listed below.

Instructor's Name	License, Certification or Registration No. (if applicable)	Expiration Date

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 the Polygraph curriculum offered at the above referenced school. I also certify that I have read, understood and complied with all the laws of Virginia related to the polygraph examiner licensure under the provisions of Title 54.1, Chapter 18, of the *Code of Virginia* and the *Virginia Polygraph Examiners Regulations*.

Owner's Signature _____

Date _____

Important Curriculum Package Instructions

In addition to this completed application, you are required to submit a school curriculum including, but not limited to, the information listed below:

- a list of subject courses required pursuant to 18VAC 120-30-270;
- the total number of instruction hours assigned to each subject course; and
- a Certification of Good Standing from all states and/or jurisdictions in which the polygraph school curriculum has been approved.