

10. A. Have you ever been convicted in any jurisdiction of **any 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, please provide the information requested in #10.C.

B. Have you ever been convicted in any jurisdiction of **any misdemeanor**? *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, please provide the information requested in #10.C.

C. If you answered "yes" to either question #10.A. or #10.B., list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.) If necessary, you may attach a separate sheet of paper.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.

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

No

Yes If yes, list all the licenses, certificates, and registrations in the following table *and* attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state. Skip to question #16.

State/Jurisdiction	License Number	Expiration Date

12. 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 polygraphy) is required.

Associate Degree At least **3 years** of experience (as an investigator, a detective, or in a field that demonstrates your ability to practice polygraphy) is required.

Bachelors Degree No additional experience is required. Skip to Question #14.

Name & Location of Educational Institution _____

Attach an official school transcript or degree verification. _____

13. Complete the following table to document the required experience. If necessary, attach a separate sheet of paper. **Please include a letter from each employer to verify all experience entries.**

Starting Date	Ending Date	Employer's Name And Address	Description of Duties	Supervisor's Name and Title

14. Name and location of the polygraph school where you completed the required training in detection of deception.

Please attach an official school transcript or training certificate to your application package.

15. Have you received training from the federal government and/or United States military and administered polygraph examinations as a federal employee or member of the military?
- No
- Yes If yes, you must include documentation of your training and administration of the polygraph examinations as a federal employee or member of the military.

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 in 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.

16. 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 will notify the Department if I am subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I read, understand, and have complied with all the laws of Virginia related to polygraph examiner licensure under the provisions of Title 54.1, Chapter 18 of the *Code of Virginia* and the *Virginia Polygraph Examiners Regulations*.

Signature _____ Date _____

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

* 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.