Polygraph Examiners Advisory Board

INTERNSHIP COMPLETION & LICENSE EXAM FORM

Fee $200.00

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 (16LIC.pdf).

Section A

1. Name
   Last  First  Middle  Generation

2. Provide one of the following identification numbers.
   - Social Security Number
   - 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 __________

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

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INTERN LIC EXAM FORM
Section B

10. Supervisor's Name

Last __________________________ First __________________________ Middle __________________________ Generation __________________________

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

12. Supervisor's Business Address

______________________________________________________________________________

City __________________________________________ State __________________________ Zip Code __________________________

13. Supervisor's Telephone & 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 __________