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

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 ▲
   ☐ General Partnership  ☐ Limited Liability Company ▲
   ☐ Corporation ▲
   ☐ Other, please specify:
   ____________________________
   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) ▲
   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 Virginia Department of Motor Vehicles Control Number ♦
   ☐ 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)
   PHYSICAL ADDRESS REQUIRED
   ☐ Check here if Street Address is the same as the Mailing Address listed above.
   ____________________________  ____________________________  ____________________________
   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)
   ____________________________

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.

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<tr>
<th>Instructor's Name</th>
<th>License, Certification or Registration No. (if applicable)</th>
<th>Expiration Date</th>
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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 including an ethics course as it relates to polygraph;
- the total number of polygraph instructions available to the school and the number of students assigned to each instructor; and
- a Certification of Good Standing from all states and/or jurisdictions in which the polygraph school curriculum has been approved.