

**APPLICATION FOR POLYGRAPH EXAMINERS LICENSE**

					<b>1. TYPE OF LICENSE:</b> General <input type="checkbox"/> Trainee <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/>				
<b>2. NAME: Last</b>		First		Middle		<b>3. TITLE</b>			
<b>4. PLACE OF BIRTH:</b>		<b>5. SOCIAL SECURITY NO.</b>			<b>6. DATE OF BIRTH</b>		<b>7. SEX</b>	<b>8. RACE</b>	
<b>9. BUSINESS NAME:</b>	MAILING ADDRESS			CITY		STATE	ZIP		
<b>10. AGENCY NAME :</b>	MAILING ADDRESS			CITY		STATE	ZIP		
<b>11. TELEPHONE NUMBER</b>			EMAIL ADDRESS						

**ACADEMIC EDUCATION:**

<b>12. HIGH SCHOOL</b>	Location	DATE ATTENDED	DIPLOMA <input type="checkbox"/>	GED <input type="checkbox"/>	STATE
<b>13. COLLEGE</b>	Location	DATE ATTENDED	MAJOR		CREDIT HOURS /DEGREE
<b>NOTE: Copies of certificates of course completion must accompany applications, unless already on file</b>					

**LAW ENFORCEMENT EXPERIENCE (If applicable)**

<b>14. AGENCY</b>	DATES OF EMPLOYMENT		HIGHEST RANK
	FROM	TO	

**POLYGRAPH & LAW ENFORCEMENT TRAINING (If more space is needed use additional sheet)**

<b>15. COURSE</b>	SPONSOR	COURSE HOURS	DATE COMPLETED
<b>NOTE: Copies of certificates of course completion must accompany applications, unless already on file</b>			

<b>16. MEMBERSHIP IN PROFESSIONAL POLYGRAPH ASSOCIATIONS</b>	<b>17. MEMBERSHIP IN OTHER RELATED ORGANIZATIONS</b>

18. Lectures or training programs presented: (Report only those that have not previously been reported)

\_\_\_\_\_

\_\_\_\_\_

19. Total number of polygraph examinations completed in entire polygraph experience \_\_\_\_\_

20. Total number of polygraph examinations complete in the last three years \_\_\_\_\_

21. Approximate percentage of total work time spent on polygraph in the last three years \_\_\_\_\_

22. Number of examinations by type: Pre-employment \_\_\_\_\_ Specific Case \_\_\_\_\_

23. Do you or have you held a polygraph examiners license from another state? \_\_\_\_\_ Which state(s) \_\_\_\_\_

24. Have you ever been refused a polygraph examiners license? \_\_\_\_\_

25. Have you every been refused admission in or dismissed from a recognized polygraph school? \_\_\_\_\_

26. If you answered YES to No. 24 or No. 25, give reason on separate sheet.

27. Have you ever been detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding or convicted, fined, or imprisoned or placed on probation or have you ever been ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? Include all court martials while in Military Service.  YES  NO.  
If yes, list on a separate sheet the date, the nature of the offense or violation, the name and location of the court or place of hearing, and the penalty imposed or other disposition of each case.

28. List all employers for whom you have worked as a polygraph examiner

Name of Employer	Address	From	To

29. Character References: (Two shall be credit references\*)

Name	Address
*	
*	

**OUT-OF-STATE APPLICANTS ONLY**

I hereby grant irrevocable consent permitting the director of the Department of Public Safety Standards and Training to act as my agent for the service of all legal process in the state of Oregon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have enclosed the sum of (check one) \$35 for a trainee license  or \$50 for a general examiner's license  I understand that the license fee will be refunded if I fail to qualify for a license.

As an applicant for a license as a **General Polygraph Examiner**, I have also enclosed an additional \$50 to cover costs of an examination to be administered by the Board. I understand that this \$50 examination fees is nonrefundable.

By my signature below, I certify that all answers and statements on the application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, or any material misstatement in this application, my application may be rejected or my license may be revoked or suspended. I further attest that I have read and do subscribe to the American Polygraph Association Code of Ethics and Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE – OFFICE USE ONLY							
<b>Fees Received:</b>	Amount	Date	Chk#	<b>Fingerprints Clear:</b>	Date	Number	Intern Material Sent Date
<b>License Approved:</b>	Type	Date	By	Date Mailed	Indexed By	Address & Phone # Verify <input type="checkbox"/> Yes <input type="checkbox"/> No Date	

Dept. of Public Safety Standards & Training  
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Web Page: www.oregon.gov/DPSST