

APPLICATION FOR POLYGRAPH EXAMINERS LICENSE

				1. Type of License: General Trainee New Renewal			
2. Name: Last		First		Middle		3. Title	
4. Place of Birth:		5. *Social Security Number:		6. Date of Birth:		7. Sex	8. Race
9. Business Name:		Mailing Address:		City:		State	Zip
10. Agency Name :		Mailing Address:		City:		State	Zip
11. Telephone Number:		Email Address:					

*You are required to provide your Social Security Number (SSN) to DPSST. The authority for this requirement is ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Your SSN will only be used for child support enforcement and tax purposes. Failure to provide your SSN will be basis to refuse issuance of a license or certificate.

ACADEMIC EDUCATION: (Report only those that have not previously been reported)

12. High School	Location	Date Attended	Diploma	GED	State
13. College	Location	Date Attended	Major	Credit Hours/Degree	

LAW ENFORCEMENT EXPERIENCE (If applicable) (Report only those that have not previously been reported)

14. Agency	Dates of Employment		Highest Rank
	From	To	

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

(Report only those that have not previously been reported)

15. Course	Sponsor	Course Hours	Date Completed

NOTE: Copies of certificates of course completion must accompany applications, unless already on file

16. Membership in Professional Polygraph Associations:	17. Memberships in Other Related Organizations:

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 completed 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 in another state? _____ Which state(s)? _____

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

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

****** If you answered YES to number 24 or 25, give reason on separate sheet.**

26. 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.**

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

Name of Employer	Address	From	To

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 Department. I understand that the \$50 examination fee 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

Fees Received:	Amount	Date	Chk#	Fingerprints Clear:	Number
Renewal Checks	LEDS check	Date	By	OJIN check	Date By
License Approved:	Type	Date	By	Date Mailed	Address & Phone # Verify <input type="checkbox"/> Yes <input type="checkbox"/> No Date

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