

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex – Building 3, Room 200 - Charleston, WV 25305



## POLYGRAPH EXAMINER LICENSE APPLICATION / AFFIDAVIT

Class I

Class II

### Applicant Information:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a United States citizen? Yes No

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been licensed as a Polygraph Examiner in West Virginia or another state? Yes No

If yes, please provide state(s): \_\_\_\_\_

Have you ever been refused a license? Yes No

If yes, explain: \_\_\_\_\_

How many examinations have you administered? \_\_\_\_\_

Have you ever been sued as a result of an examination? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, please list the date(s) and type(s) of felony conviction(s):

Have you ever been dishonorably discharged from military service? Yes No

**Employer Information:**

Employer: \_\_\_\_\_

Type:

Controlled Substance Facility (**Distribution, Manufacture, Sales or Storage**)

Law Enforcement Agency

Military

Other

If other, specify: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Education:**

Name(s) of college(s) attended, date of graduation, and type of degree:

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of polygraph training school(s):

\_\_\_\_\_  
\_\_\_\_\_

***Please attach the following documents:***

Copy of Birth Certificate (If not born in the United States, attach a Certificate of Naturalization);

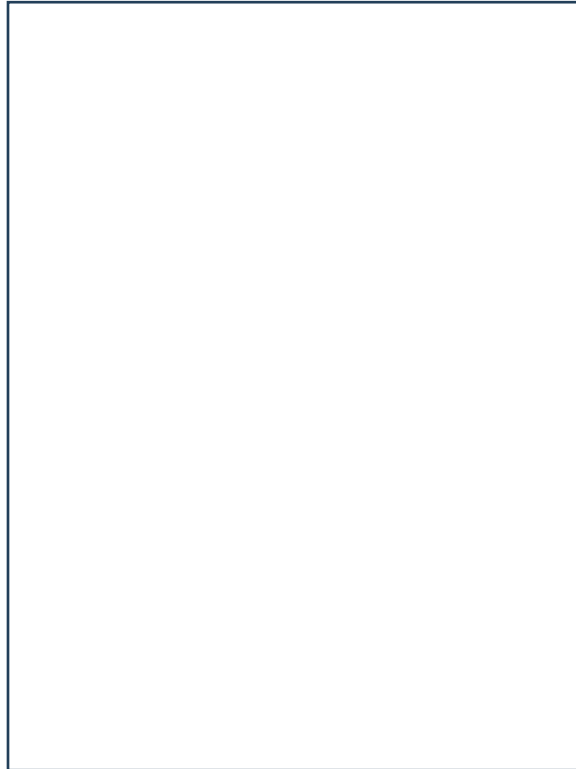
Proof of Associate or Baccalaureate Degree;

Proof of Polygraph Training School graduation;

A notarized statement, from the supervising licensed examiner, confirming all requirements outlined in §42 C.S.R. 6-4.2 were met during your 6-month internship.

A check or money order in the amount of \$100

Affix a recent photograph in the box below



The undersigned hereby certifies, under penalty of perjury, the information provided on this application/affidavit is true to the best of my knowledge and belief and that I realize that making a false statement may result in loss of my license. I further state I am thoroughly familiar with and will adhere to the Code of Ethics as established by the American Polygraph Association.

\_\_\_\_\_ Signature \_\_\_\_\_ Date  
Full Legal Name

Subscribed and sworn to before me, the undersigned Notary Public this \_\_\_\_\_ day of \_\_\_\_\_

20 \_\_\_\_\_ My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public