

STATE OF WEST VIRGINIA
West Virginia Division of Labor
1900 Kanawha Boulevard East, State Capitol Complex
Building 3, Room 200, Charleston, WV 25305

WEST VIRGINIA POLYGRAPH EXAMINER'S LICENSE APPLICATION

I hereby make application for () an original polygraph license, () a renewal of my polygraph license, or () registration as a polygraph intern.

1. NAME IN FULL _____
(Last) (First) (Middle)
2. SOCIAL SECURITY NUMBER *** - ** - _____
3. STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
COUNTY _____ PHONE _____
4. BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP _____
COUNTY _____ PHONE _____
5. NAME OF FIRM _____
OWNER(s) _____
TYPE OF BUSINESS () Police () Military () Drug () Other
If other, specify _____
6. DATE OF BIRTH _____ PLACE OF BIRTH _____
 - a. Are you a citizen of the United States? () Yes () No
 - b. If foreign born, give date and place of naturalization. _____

7. In what other states do you hold a license? _____

 - a. Have you ever been refused a license? () Yes () No
 - b. Have you ever been sued as a result of an examination? () Yes () No
If you answered Yes to either (a) or (b), give full details on a separate sheet.
8. Approximate number of examinations that you have given _____
9. Military Service Information: Branch _____
Dates of Service: From _____ to _____
Military Serial Number: _____ Rank _____
Type of Discharge: _____
10. Have you ever been arrested? () Yes () No
If yes, give details on a separate sheet.

11. Name and address of high school or college from which you graduated or obtained a degree: _____

Date of graduation _____ Type of Degree: _____

12. Name and address of polygraph training school _____

Dates attended: _____ to _____

13. Employment experience relating to polygraph examinations for the past 5 years.

Business Name & Address	Dates of Employment	Position Held	Reason for Leaving

14. Give three personal references (not including relatives or fellow employees) who are householders or property owners, business or professional persons who have known you well during the past five (5) years.

Name	# Years Known	Home Address	Job Description / Name of Employer

Printed Name and Signature of Applicant

Notary Public

State of: _____

County of: _____

Taken, subscribed and sworn to before me by the above-named applicant this _____ day of _____, 20 _____.

Notary Signature

My commission expires _____.

Attach a recent full face photograph

not larger than 3 X 4 inches