

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 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 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