



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

POLYGRAPH EXAMINER LICENSE APPLICATION INSTRUCTIONS

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper.

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.

A completed application is required prior to scheduling your Texas polygraph examiner exam. If your application is approved, we will notify the exam provider (PSI) and they will send you a postcard with information about scheduling your exam. You must pay the exam fee directly to the exam provider (PSI).

1. NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix.)
2. DATE OF BIRTH – Write your birthdate.
3. GENDER – Select whether you are male or female.
4. SOCIAL SECURITY NUMBER – Social security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.texasattorneygeneral.gov/child-support or call (512) 460-6000 or (800) 252-8014

5. MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box.
6. PHYSICAL ADDRESS – Write the physical address of your residence. Do not use a post office box for this address.
7. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
8. EMAIL ADDRESS – Write your email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
9. CRIMINAL HISTORY – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm

10. DISCIPLINARY ACTION HISTORY – Indicate if you have ever had an occupational license, certification, or registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf](http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf)
11. ADJUDGED INCAPACITATED - Check YES or NO if a court of law has ever determined that because of a physical or mental condition, you were not capable of providing food, clothing, or shelter for yourself, to care for your own physical health, or manage your own financial affairs.

12. EDUCATION OR EXPERIENCE METHOD - Check the box that describes if you are qualifying for a license using college education or investigative experience. **You must select one of these.**

12a. Option A (Education) complete section 13 on page two of your application

12b. Option B (Investigative Experience) complete section 14

Additionally, you must have:

- completed an acceptable polygraph examiner course of study taught by a school recognized by the department and
- satisfactorily completed at least six months as a polygraph examiner intern.

You can view a list of department-approved polygraph examiner courses at www.tdlr.texas.gov/polygraph/polygraphEducation.htm

13. EDUCATION - If you are qualifying for a license using college education, provide the requested information about your college education. Complete this section if you selected Option A on item 12. Use additional pages if necessary.

14. INVESTIGATIVE EXPERIENCE - If you are qualifying for a license using investigative experience, provide the requested information about your experience. Complete this section if you selected Option B on item 12. Use additional pages if necessary.

15. FINANCIAL SECURITY - Before a license is issued and upon each renewal, a polygraph examiner applicant must:

(a) provide proof to the department that the applicant has obtained a \$5,000 insurance policy or surety bond guaranteeing payment of up to \$5,000 arising out of judgments recovered against the applicant for any wrongful or illegal act committed by the applicant in the course of administering a polygraph examination.

(b) maintain an insurance policy, surety bond or continuation bond at all times during the license period.

- The insurance policy or bond must be issued by a company authorized to do business in the State of Texas.
- The insurance policy or bond must remain in effect for two (2) years after the effective cancellation date.

NOTE: A polygraph examiner employed by a state agency and exclusively performing duties authorized by the state agency is not required to provide a bond or insurance policy if the polygraph examiner and state agency is otherwise insured as authorized by the State Employee Bonding Act, Title 6, Government Code, Chapter 653.

16. STATEMENT OF APPLICANT - Carefully read the statement of applicant before dating and signing your application.

17. IRREVOCABLE CONSENT TO SERVICE OF PROCESS - This portion of the application must be notarized by a notary public.

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at:

<http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at:

<http://www.tdlr.texas.gov/military.htm>.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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POLYGRAPH EXAMINER LICENSE APPLICATION

Do Not Write Above This Line

YOU MUST MEET ALL REQUIREMENTS WITHIN TWELVE MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.
APPLICATION FEE: \$400 (FEE IS NON-REFUNDABLE)

1. Name:

_____ Last _____ First _____ Middle Name _____ Suffix (JR, SR, III)

2. Date of Birth:

____ - ____ - ____
 Month Day Year

3. Gender:

Male Female

4. Social Security Number:

(See instruction sheet for disclosure information) _____

5. Mailing Address: (Used to receive mail from TDLR) (PO box is allowed for this address)

Number, Street Name, Suite Number

City State Zip Code

6. Physical Address: (PO box is not allowed for this address)

Number, Street Name, Suite Number

City State Zip Code

7. Phone Number:

(____) _____
 Area Code Phone Number

8. Email Address:

_____ (Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes No

If YES, complete and attach a Criminal History Questionnaire for each offense.

See instruction sheet for more information

10. Have you ever had an occupational license, certification or registration suspended, revoked, or denied in any state?

Yes No

If YES, attach a Disciplinary Action Questionnaire to this application. (This does not include your driver license.)

11. Have you ever been adjudged incapacitated as provided in the Probate Code?

Yes No

POLYGRAPH EDUCATION AND EXPERIENCE

12. Mark below ONE education or experience method you are using to apply for this license:

a. You hold a baccalaureate degree from a college or university

— OR —

b. You have active investigative experience during the five years preceding this application

Complete section 13 on page 2

Complete section 14 on page 2

In addition to the above, you must have:

- completed an acceptable polygraph examiner course of study taught by a school recognized by the Department; **AND**
- satisfactorily completed at least six months of a polygraph examiner internship.

POLYGRAPH EDUCATION AND INVESTIGATIVE EXPERIENCE

13. EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

Name of College or University _____ Did You Graduate? Yes No

College Address: Number, Street Name, City, State, Zip Code _____

Semester Hours Completed: _____ Dates Attended: From: _____ To: _____

EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

Name of College or University _____ Did You Graduate? Yes No

College Address: Number, Street Name, City, State, Zip Code _____

Semester Hours Completed: _____ Dates Attended: From: _____ To: _____

EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

Name of College or University _____ Did You Graduate? Yes No

College Address: Number, Street Name, City, State, Zip Code _____

Semester Hours Completed: _____ Dates Attended: From: _____ To: _____

14. INVESTIGATIVE EXPERIENCE (USE ADDITIONAL PAGES IF NECESSARY)

Name of Employer _____ Dates of Employment: From: _____ To: _____

Employer's Address: Number, Street Name, City, State, Zip Code _____

Types of Investigations: _____

INVESTIGATIVE EXPERIENCE (USE ADDITIONAL PAGES IF NECESSARY) Dates of Employment:

Name of Employer _____ From: _____ To: _____

Employer's Address: Number, Street Name, City, State, Zip Code _____

Types of Investigations: _____

15.

FINANCIAL SECURITY

Before a polygraph examiner license is issued, provide to the Department, evidence of a surety bond or insurance policy that:

- (a) is in the amount of \$5,000; and
- (b) Requires the obligor on the bond or policy to pay, to the extent of the face amount of the bond or policy, all judgments recovered against the license holder for any wrongful or illegal act committed by the license holder in the course of administering a polygraph examination.

NOTE: A polygraph examiner employed by a state agency and exclusively performing duties authorized by the state agency is not required to provide a bond or insurance policy if the polygraph examiner and state agency is otherwise insured as authorized by the State Employee Bonding Act, Title 6, Government Code, Chapter 653.

16.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Polygraph Examiner's Act. I further certify that I will comply with the applicable statutes and administrative rules including, but not limited to, those found in Texas Occupations Code, Chapter 1703; 16 Texas Administrative Code Chapters 51, 55, 60; and the applicable administrative rules found in 16 Texas Administrative Code, Chapter 88.

I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties. I further certify that I have completed an acceptable polygraph examiner course of study taught by a school recognized by the Department, and satisfactorily completed at least six months of a polygraph examiner internship.

Date Signed

Signature of Applicant

17. IRREVOCABLE CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

I, the undersigned individual, _____, being a non-resident applicant for a Texas Polygraph Examiner's License, do hereby irrevocably consent, stipulate, and agree that suits and actions may be commenced against me in the proper court in which a cause of action may arise, or in which the plaintiff may reside, by the service of any process or pleading authorized by Title 10, Occupations Code, Chapter 1703, on the Executive Director of the Texas Department of Licensing and Regulation, and that such service of process or pleadings on the Executive Director shall be taken and held in all courts to be as valid and binding as if the service had been duly made upon me according to the laws of this or any other state.

Signed at _____ on the day of _____,
City and State Date

Signed: _____
Applicant's Signature

The applicant, _____, personally appeared before the undersigned notary public in and for the below named county and state, on the day above named, and being first duly sworn, acknowledge the execution of the foregoing instrument to be a voluntary act for the purposes therein set forth.

Notary Signature

Notary Public in and for the County of _____, State of _____

My Commission Expires: _____