



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 ● Austin, Texas 78711-2157
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871
www.tdlr.texas.gov ● cs.polygraph.examiners@tdlr.texas.gov

POLYGRAPH EXAMINER INTERN/TRAINEE OR SPONSOR TERMINATION FORM INSTRUCTIONS

1. CHECK THE SERVICE TO BE TERMINATED - Place a check in the box terminating your sponsorship of an Intern/Trainee or the services of the Polygraph Examiner sponsor.
2. NAME OF THE INDIVIDUAL TERMINATED - Write the name as it appears on their license issued by TDLR.
3. LICENSE NUMBER OF THE INDIVIDUAL TERMINATED - Write the individual's license number as it appears on their license issued by TDLR.
4. EFFECTIVE TERMINATION DATE - Write the effective date you terminated your sponsorship or training.
5. SPONSORING POLYGRAPH EXAMINER STATEMENT - The Examiner terminating the sponsorship of an intern/trainee needs to read the statement carefully before you date and sign the form. Print your name and license number as it appears on your license issued by TDLR.
6. INTERN/TRAINEE STATEMENT - The Intern/Trainee terminating the internship with their sponsor needs to read the statement carefully before you date and sign the form. Print your name and license number as it appears on your license issued by TDLR.



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**POLYGRAPH EXAMINER INTERN/TRAINEE OR SPONSOR
 TERMINATION FORM**

DO NOT WRITE ABOVE THIS LINE

This form is used by an Examiner who is sponsoring a trainee or an Intern/Trainee, and wishes to terminate the sponsorship relationship. It must be completed and signed by the terminating sponsor or intern/trainee and mailed or faxed to the Texas Department of Licensing and Regulation.

A trainee who changes sponsors must, within ten (10) days notify the former sponsor in writing, submit notice of the change of sponsor to the Texas Department of Licensing and Regulation and complete the change of sponsor form.

1. Check the service to be terminated:

- Terminating sponsorship of the Intern/Trainee
- Termination of the Polygraph Examiner Sponsor

INFORMATION ON INDIVIDUAL TO BE TERMINATED

2. Name:

3. License Number:

_____ Last _____ First _____ Middle Name _____ License Number

4. Termination Date:

_____ Effective Termination Date (dd/mm/yyyy)

5. SPONSORING POLYGRAPH EXAMINER STATEMENT

Please relieve me of liability for future acts of the Polygraph Trainee named above. I am terminating my involvement in this trainee's internship. **A copy of this notice is being mailed to the trainee.**

 Sponsor License Number Printed Name of Sponsor

 Date Signed Signature of Terminating Sponsor

6. INTERN/TRAINEE STATEMENT

I am terminating my involvement in the training internship with the sponsor named above. **A copy of this notice is being mailed to the sponsor.**

 Intern/Trainee License Number Printed Name of Intern/Trainee

 Date Signed Signature of Terminating Intern/Trainee