



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
(800) 803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - cs.polygraph@tdlr.texas.gov

APPLICATION FOR:

TEXAS POLYGRAPH EXAMINER LICENSE

PURSUANT TO TITLE 10, OCCUPATIONS CODE, CHAPTER 1703

Do Not Write in the Fee Area Immediately Below

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Application Fee, \$400.00

Do Not Write Above This Line

YOU MUST MEET ALL OF THE REQUIREMENTS FOR YOUR LICENSE WITHIN TWELVE (12) MONTHS OF THE FILING DATE, OR THE APPLICATION WILL BE TERMINATED.

1. Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth:

Month Day Year

3. Female Male

4. Social Security No.:

See Note 1 on instructions

5. Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

City State Zip Code Area Code Phone Number

6. Physical Address : (P.O. Box is not allowed for this address.)

Number, Street, Suite No., Apt. No

City State Zip Code Area Code Phone Number

7. Fax Number and Email Address:

FAX Number: Area Code Phone Number E-mail Address (Ex: johndoe@aol.com) See Note 2 on instructions

8. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? If YES, attach a "Criminal History Questionnaire" to this application.

Forms available at www.tdlr.texas.gov/polygraph/polygraphforms.htm

9. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? This does NOT include a driver's licenses.

If YES, attach a "Disciplinary Action Questionnaire" to this application. Forms available at www.tdlr.texas.gov/polygraph/polygraphforms.htm

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

11. Mark below the ONE education or experience method by which you are applying 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

12. Mark below the ONE internship method by which you are applying for this license:

a. You graduated from a department-approved polygraph school and have completed at least six months of polygraph examiner internship OR b. You have completed at least 12 months of polygraph examiner internship

Important Notes:

- 1. A selection MUST be made for BOTH questions 11 and 12 above.
2. Attach a completed Polygraph Education and Investigative Experience form to this application.
3. Attach a copy of Bond, Insurance Policy, or Bond Continuation Certificate to this application. See Information Sheet for details.

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Polygraph Examiner's Act; Texas Occupation Code, Chapter 1703 ;Tex. Admin. Code, Chapter 60; and the Polygraph Examiner Administrative Rules, Tex. Admin. Code, Chapter 391, 393, 395, 397, and 401.

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.

Date Signed

Signature of Applicant

Polygraph Internship Education and Investigative Experience

EDUCATION (USE ADDITIONAL PAGES IF NECESSARY)

| | | | | |
|--|-----------------------|------------|------------------------------|-----------------------------|
| _____ | | Graduated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of College or University | | | | |
| Address: Number, City, State, Zip Code | | | | |
| Semester Hours Completed: _____ | Dates Attended: _____ | until | _____ | |
| _____ | | Graduated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of College or University | | | | |
| Address: Number, City, State, Zip Code | | | | |
| Semester Hours Completed: _____ | Dates Attended: _____ | until | _____ | |

INVESTIGATIVE EXPERIENCE (USE ADDITIONAL PAGES IF NECESSARY)

| | |
|--|---------------------|
| _____ | _____ |
| Name of Employer | Dates of Employment |
| Address: Number, City, State, Zip Code | |
| Types of Investigations: _____ | |
| | |
| _____ | _____ |
| Name of Employer | Dates of Employment |
| Address: Number, City, State, Zip Code | |
| Types of Investigations: _____ | |
| | |
| _____ | _____ |
| Name of Employer | Dates of Employment |
| Address: Number, City, State, Zip Code | |
| Types of Investigations: _____ | |
| | |