



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
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www.tdlr.texas.gov - cs.polygraph.examiners@tdlr.texas.gov

APPLICATION FOR:

TEXAS POLYGRAPH EXAMINER INTERNSHIP 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, \$50.00

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:

Form for full name with fields for Last, First, Middle Initial, and Suffix (JR, SR, III)

2. Date of Birth: Month - Day - Year. 3. Female Male

4. Social Security No.:

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

Mailing address form with fields for Number, Street, Suite No., Apt. No. or P.O. Box, City, State, Zip Code, Area Code, and Phone Number

6. Fax Number and Email Address:

Fax Number and Email Address form with fields for Area Code, Phone Number, and E-mail Address

7. 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

8. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? This does NOT include a driver's license. If YES, attach a "Disciplinary Action Questionnaire" to this application. Forms available at www.tdlr.texas.gov/polygraph/polygraphforms.htm

9. Have you ever been adjudged incapacitated as provided in the Probate Code? Yes No

10. Provide the name and License Number of the Polygraph Examiner who will be your sponsor.

Name of Sponsoring Polygraph Examiner License Number

11. Mark below the ONE internship method you intend to use:

Form with two options: a. You will attend a department-approved polygraph course and will complete at least six months of polygraph examiner internship. b. You will complete at least 12 months of polygraph examiner internship

Important Note:

Both the trainee and the sponsoring examiner MUST sign and date this application.

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 have read, understand, and agree to comply with the Polygraph Examiner Internship rules. 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

STATEMENT OF SPONSOR

I certify that I will directly supervise Polygraph Examiner Internship the above named applicant as provided in the Texas Polygraph Examiners Act and Administrative Rules.

Date Signed Signature of Sponsor