



STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY

UNIFORM POLYGRAPH EXAMINER LICENSE APPLICATION

This application is for (please check one):

| | |
|--|---|
| <input type="checkbox"/> An internship license | <input type="checkbox"/> An initial license |
| <input type="checkbox"/> An internship license renewal | <input type="checkbox"/> A license renewal |

Please complete this application in its entirety. Failure to do so will result in a rejection of the application.

| APPLICANT IDENTIFICATION & CONTACT INFORMATION | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|-----------------|------------|-------------|--|--|--|-------------|--|------|-------|----------|--|
| 1. Name: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle Name</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Maiden Name</td> <td colspan="2" style="border-bottom: 1px solid black;">Previous last name (if other than Maiden Name)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td colspan="2" style="border-bottom: 1px solid black;"> </td> </tr> </table> | | | Last Name | First Name | Middle Name | | | | Maiden Name | Previous last name (if other than Maiden Name) | | | | |
| Last Name | First Name | Middle Name | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Maiden Name | Previous last name (if other than Maiden Name) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 2. Sex: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | | | | | | | | | | | | | |
| 3a. Residential address: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="border-bottom: 1px solid black;">Street</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td colspan="2" style="border-bottom: 1px solid black;">Zip Code</td> </tr> </table> | | | Street | | | | | | | | City | State | Zip Code | |
| Street | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | |
| 3b. Mailing address: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="border-bottom: 1px solid black;">Street/P.O. Box</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td colspan="2" style="border-bottom: 1px solid black;">Zip Code</td> </tr> </table> | | | Street/P.O. Box | | | | | | | | City | State | Zip Code | |
| Street/P.O. Box | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | |
| 4. Date of birth: | | | | | | | | | | | | | | | |
| 5a. Home telephone no.: | | | | | | | | | | | | | | | |
| 5b. Bus. telephone no.: | | | | | | | | | | | | | | | |
| 5c. Email address: | | | | | | | | | | | | | | | |
| 6. Social Security Number: | | | | | | | | | | | | | | | |
| | <p>The following statement is made pursuant to the Privacy Act of 1974, Section 7, Subsection (b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA § 175, as authorized by the Tax Reform Act of 1976 (42 USC § 405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A MRSA §§ 2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA § 191 and confidential support enforcement information pursuant to 19-A MRSA § 2152.</p> | | | | | | | | | | | | | | |

CRIMINAL HISTORY INFORMATION

7. Have you ever been convicted of a criminal offense? [NOTE: For the purposes of this question, "criminal offense" means an offense under any law that is punishable by a possible period of incarceration, regardless of whether or not such a sanction in fact was imposed. "Criminal offense" includes, but is not limited to, Operating Under the Influence/Driving While Intoxicated and criminal Operating After Suspension.]

No Yes

If you answered "Yes" to Question 7, please complete and attach to the application a separate copy of APPENDIX A regarding EACH criminal conviction you have.

EDUCATION & EXPERIENCE

8. Are you a graduate of an accredited high school or have you been granted high school equivalency status by a State?

No Yes

If you answered "Yes" to Question 8, please provide the following information:

A. If applicable, the name of the high school from which you graduated AND the year you graduated:

B. If applicable, the year you were granted high school equivalency status by the State:

Please attach to this application documentation (such as, for example, a photocopy of your diploma or high school equivalency program certificate) to support your response to this question.

9. Do you hold a baccalaureate degree from an accredited college or university?

No Yes

If you answered "Yes" to Question 9, please provide the following information:

A. The name of the college or university from which you earned your degree:

B. The year in which you earned the degree:

Please attach to this application documentation (such as, for example, a photocopy of your degree certificate) to support your response to this question.

10. Do you have at least 5 years of experience, including 3 years on a full-time basis, as a sworn member of an investigative service of a branch of the United States Armed Forces, a federal investigative agency, or a law enforcement agency?

No Yes

If you answered "Yes" to Question 10, please complete and attach to the application a separate copy of APPENDIX B regarding EACH agency for which you worked.

11. Are you a graduate of a polygraph examiners course?

No Yes

If you answered "Yes" to Question 11, please provide the following information:

A. The name of polygraph examiners course from which you graduated:

B. The year in which you graduated from the course:

Please attach to this application documentation (such as, for example, a photocopy of your course certificate) to support your response to this question.

12. Have you completed a polygraph examiner internship that lasted no fewer than six (6) months?

No Yes

If you answered "Yes" to Question 12, please provide the following information:

A. The name and contact information of the polygraph examiner who supervised you during the internship:

B. The dates during which the internship lasted:

Please attach to this application documentation evidencing that you completed a polygraph examiner internship that lasted no fewer than six (6) months. Acceptable documentation would included, for example, a letter from the person who supervised you during the internship program.

Please also attach to this application a statement describing (1) the number of polygraph examinations you administered during your internship, and (2) the frequency with which you met with the person who supervised you during the internship during the duration of the internship.

CERTIFICATION

I certify that the statements and information contained in this application, and any and all attachments thereto, are correct to the best of my knowledge and belief. I also understand that making a false statement that I do not believe to be true on this application, or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading, constitutes a criminal offense, and may be prosecuted as, among other offenses, Unsworn Falsification pursuant to 17-A MRSA sec. 453 (a Class D criminal offense) and may also result in disciplinary action against any license I presently have.

Applicant Signature: _____

Date: _____

WITH THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING MATERIALS:

Any and all attachments required by:

- | | |
|--------------------------|--------------|
| <input type="checkbox"/> | Question 7; |
| <input type="checkbox"/> | Question 8; |
| <input type="checkbox"/> | Question 9; |
| <input type="checkbox"/> | Question 10; |
| <input type="checkbox"/> | Question 11. |
| <input type="checkbox"/> | Question 12. |

The required license application fee, which may be paid with a check or money order made payable to, "Treasurer, State of Maine."

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Initial license application fee: | \$100 |
| <input type="checkbox"/> | License renewal application fee: | \$100 |
| <input type="checkbox"/> | Intern license application fee: | \$50 |
| <input type="checkbox"/> | Intern license renewal application fee: | \$50 |

APPENDIX A

Question 7 Supplemental Information

For each criminal conviction, please prepare a separate copy of this page that provides the following information regarding each conviction:

| | |
|---|--|
| A. The date of conviction: | |
| B. The date the criminal offense occurred: | |
| C. The location where the criminal offense occurred: | |
| D. The Court in which the conviction occurred: | |
| E. The sanction(s)/sentence(s) imposed as a result of the conviction: | |

APPENDIX B

Question 10 Supplemental Information

For each agency for which you worked, please prepare a separate copy of this page that provides the following information:

| |
|---|
| 1. The name of the agency: |
| |
| 2. The date on which you began your work for the agency: |
| |
| 3. The date on which you ended your work for the agency: |
| |
| 4. The name and contact information of a person at the agency who can confirm that you worked for the agency: |
| |