



**APPLICATION FOR DETECTION OF DECEPTION
EXAMINERS LICENSE**

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 11416 (08-2023)

License Number

FOR OFFICIAL USE ONLY

BUREAU OF CRIMINAL INVESTIGATION

<input type="checkbox"/> Denied <input type="checkbox"/> Approved	Date
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ATTORNEY GENERAL

<input type="checkbox"/> Denied <input type="checkbox"/> Approved	Date
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Attorney General Signature

Please type or print legibly and complete all required sections or it will delay processing.

ALL APPLICANTS MUST COMPLETE

Applying for <input type="checkbox"/> New License <input type="checkbox"/> Re-Application		
Name of Applicant (<i>Last, First, Middle</i>)		Other Names Used (<i>Include any prior names, maiden, nicknames or alias</i>)
Date of Birth	Place of Birth (<i>City and State/Country</i>)	Social Security Number

PRIVACY ACT NOTIFICATION: Your social security number is requested to permit the North Dakota Attorney General to properly conduct a background investigation. Disclosure of your social security number is voluntary, however, not providing this information may result in a delay in the issuance of the license due to misidentification or criminal records check requirements of other state, local, or federal agencies.

Business Street Address		City	State	ZIP Code
Mailing Address (<i>if different than business address</i>)		City	State	ZIP Code
Daytime Telephone Number	Business/Agency Website URL	Applicant E-mail Address		
Provide ALL states in which you have ever been or currently are licensed.		<input type="checkbox"/> Check here if you do not have a current detection of deception license.		

Do you have an application pending for licensing in any other states?
 No Yes - List states

Your "home state" for licensing purposes is determined by your driver's license. **If you are not a North Dakota resident**, attach a copy of your current home state detection of deception examiner's license and the applicable licensing laws & regulations (or a link to those laws & regulations). You must have a valid license in your home state in order to apply for a reciprocal license in North Dakota.

ANSWER EVERY QUESTION BELOW. If you answer YES to any question, provide a full explanation on a separate page. Disclose ALL information requested. FAILURE TO DISCLOSE INFORMATION IS A "MATERIAL MISTATEMENT" AND WILL RESULT IN DENIAL OR REVOCATION OF A LICENSE.

	Yes	No
Are you currently under indictment, charged with a crime, or awaiting sentencing for a crime in any court?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been discharged from the Armed Forces under less than Honorable conditions? (If yes, include a copy of your discharge documents)	<input type="checkbox"/>	<input type="checkbox"/>
At any time in your life, have you been arrested for, charged with, or convicted of any criminal offense? (This includes an offense for which you received a deferred sentence even if it was later dismissed.)	<input type="checkbox"/>	<input type="checkbox"/>
As an adult, have you ever been convicted of a crime involving domestic violence, even if the charges were later reduced?	<input type="checkbox"/>	<input type="checkbox"/>
Has a civil or administrative action ever been brought against you pertaining to a polygraph examination?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a professional license or certification (<i>of any kind</i>) denied, suspended, revoked, or canceled?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been adjudicated mentally incompetent, determined to be a danger to yourself or others or incompetent to manage your own affairs, or been committed to a treatment facility as a person requiring treatment?	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL BACKGROUND

Present Employer Name		If Self-Employed or Non Law Enforcement-Provide Business Name	
Employer/Business Mailing Address		City	State ZIP Code
Employer/Business Telephone Number	Your Current Occupation/Job Title	Are you an active or retired law enforcement officer? <input type="checkbox"/> No <input type="checkbox"/> Yes- specify	

Have you been engaged in the administration of polygraph exams for the past two years? <i>(If yes, provide breakdown over the past year)</i>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Criminal	Preemployment	Commercial
Total				
Have you received any additional training during the past year? <i>(If yes, attach copies of course information or certificates)</i>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Are you, or have you been, a member of any polygraph organization or association? <i>(If yes, list names and dates of membership)</i>				
<input type="checkbox"/> No	<input type="checkbox"/> Yes			

FIRST TIME NORTH DAKOTA APPLICANTS AND INTERNSHIP APPLICANTS ONLY
(Attach a copy of the Certificate of Completion from the training facility attended.)

College or University Attended	City	State	Dates Attended	Degree(s) obtained
Detection of Deception Training Facility Attended	Address			City
Instructor Name			Telephone	Dates Attended

REFERENCES *(List three people who can attest to your character, moral fitness, and efficacy as a Detection of Deception Examiner)*

Name	Address	City	State	ZIP Code	Telephone Number
Name	Address	City	State	ZIP Code	Telephone Number
Name	Address	City	State	ZIP Code	Telephone Number

INTERNSHIP APPLICANTS ONLY

Describe the type of examination activity in which you expect to work					
Supervising Examiner Name	Address	City	State	ZIP Code	Telephone Number

NON-RESIDENT APPLICANT ONLY

CONSENT TO SERVICE

I hereby file with the Attorney General my irrevocable consent in accordance with N.D.C.C. 43-31-06 that actions against me may be filed in any appropriate court of any county in North Dakota in which the plaintiff may reside or in which some part of the alleged cause of action may arise, and that service of process in any action may be served on me by leaving two copies with the Attorney General. I understand that if such process is served upon me by leaving two copies with the Attorney General, he shall send by registered or certified mail one copy to my business address shown on this application, and I hereby agree and stipulate that such service of process shall be taken and held to be valid and binding for all purposes.

Applicant Signature

State of	County of
Signed and sworn before me	Date
Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

ALL APPLICANTS

By checking each box below, it is agreed that:

<input type="checkbox"/> If requested at any time, I will demonstrate my ability to conduct a polygraph examination before a committee of polygraph examiners appointed by the Attorney General.
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<input type="checkbox"/> I will comply with North Dakota laws and any and all regulations promulgated by the Attorney General.
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THIS APPLICATION MUST BE MADE UNDER OATH BEFORE A NOTARY PUBLIC

I understand that any detection of deception license issued to me will be contingent upon the results of a complete investigation. I am aware that withholding information or making false statements on this application will be the basis for denial of a license or revocation of said license at any time. I agree to these conditions and I swear that all statements made by me on this application and any attachments thereto are true and complete to the best of my knowledge.

Applicant Signature

State of	County of
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Signed and sworn before me	Date
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Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	

Your application can be processed ONLY if it is properly completed, signed, dated and notarized, has any required attachments and is accompanied by a license fee of \$25 for an internship license or \$35 for a new or renewal detection of deception examiners license.

Make payment payable to: Attorney General

Mail to:
Office of Attorney General
Licensing Section
600 E Boulevard Avenue, Dept 125
Bismarck, ND 58505-0040

Questions: Call the Licensing Section at (701) 328-2329

Licensing Use Only
