

ALABAMA BOARD OF POLYGRAPH EXAMINERS
ADMINISTRATIVE CODE

APPENDIX A
FORMS



STATE OF ALABAMA
POLYGRAPH EXAMINERS BOARD
P. O. Box 1511
MONTGOMERY, ALABAMA 36102-1511
334-517-2903

APPLICATION FOR: Intern Polygraph Examiner DATE: _____

Government Polygraph Examiner Commercial Polygraph Examiner

Commercial & Government Reciprocity From what State _____

1. Full Name _____ Social Security No. _____
Last First Middle

2. Age _____ 3. Date of Birth _____ 4. Place of Birth _____

5. Present Resident Address _____
Street City State Zip
Home Telephone Number () E-Mail _____

6. Residence Address(es) for past 5 years if different from above _____

7. Name of Employer _____

8. Your Title and/or Position _____

9. Business Address _____
Street City State Zip
Business Telephone Number () _____

10. Are you a citizen of the United States? () Yes () No

11. Name of the State in which you legally reside _____

12. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?
() Yes () No. If YES, explain in detail on a separate sheet of paper.

13. Do you now have any pending criminal charges or civil litigation against you () Yes
() No If YES, explain in detail on a separate sheet of paper.

14. Have you ever been released or discharged under any conditions other than honorable
from the Armed Services of the United States or any branch of a City, County, State or
Federal government? () Yes () No If YES, explain in detail on a separate sheet
of paper.

- 15. Have you ever been fired or asked to resign from any job that you have held? () Yes () No. If YES, explain in detail on a separate sheet of paper.
- 16. Have you ever been disciplined by an employer? () Yes () No. If YES, explain in detail on a separate sheet of paper.
- 17. Have you ever been denied a surety bond or a professional liability insurance policy? () Yes () No. If YES, explain in detail on a separate sheet of paper.

18. EDUCATION

List below in chronological order beginning with high school, your educational experience. If additional space is required use a separate sheet of paper

	<u>DATES</u> (Month & Year)	<u>NAME OF SCHOOL</u>	<u>COMPLETE MAILING ADDRESS</u>	<u>DID YOU GRADUATE</u>	<u>DEGREE/ MAJOR</u>
A.	From	To			
B.	From	To			
C.	From	To			
D.	From	To			
E.	From	To			

19. WORK EXPERIENCE RECORD

List below in chronological order your work experience both civilian and military for the last seven (7) years. If additional space is required use a separate sheet of paper.

	<u>DATES</u>	<u>NAME and ADDRESS OF EMPLOYER</u>	<u>SUPERVISOR</u>	<u>TITLE or POSITION</u>	<u>DUTIES</u>	<u>FULL TIME</u>
A.	From	To				Yes/No
B.	From	To				Yes/No
C.	From	To				Yes/No
D.	From	To				Yes/No
E.	From	To				Yes/No
F.	From	To				Yes/No
G.	From	To				Yes/No
H.	From	To				Yes/No

20. CHARACTER REFERENCES (Please include at least three (3))

<u>NAME</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>
	Street _____	City _____ State _____ Zip _____
	Street _____	City _____ State _____ Zip _____
	Street _____	City _____ State _____ Zip _____

21. List the name under which your business will be conducted. _____

22. List the address where your polygraph records will be maintained. _____

23. POLYGRAPH SCHOOLING

I _____ attended _____
 Name of Applicant Name and
 Address of polygraph school

From _____ 20____ until _____ 20____ and received _____
 hours of formal instruction in detection of deception. I successfully completed the course
 as offered by this polygraph school () Yes () No on _____
 Date of graduation/completion

*ATTACH DOCUMENTARY EVIDENCE

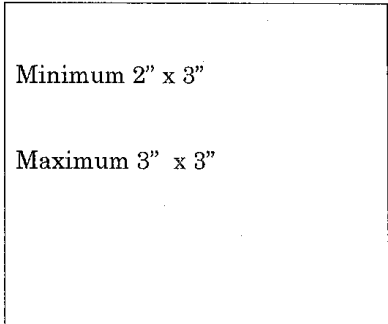
24. COLLEGE EDUCATION

I _____ attended _____
 Name of Applicant Name and
 Address of institution

From _____ 20____ until _____ 20____ and received a diploma
 from _____ conferring the
 Name of college or university
 Degree of _____ on _____
 Date

*ATTACH DOCUMENTARY EVIDENCE

PHOTOGRAPH (Photograph must have been taken within the year)



26. Are properly completed Finger Print Cards attached? _____

27. Are you licensed in any other state (s)? () Yes () No. If Yes, complete the following (Item 1 should be the state in which you were originally licensed).

	<u>STATE</u>	<u>DATE LICENSE ISSUED</u>	<u>LICENSE NUMBER</u>	<u>HOW LICENSED</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

B. Has your license ever been suspended or revoked in another state? () Yes () No. If Yes, explain in detail. _____

C. Have you ever been previously licensed in Alabama? () Yes () No. If yes, list license number, examiner's registration number and dates. _____

28. NON-RESIDENT'S CONSENT FOR SERVICE OF PROCESS

I hereby consent to the provision of the Alabama Polygraph Examiners Act and Rules and Regulations pursuant thereto and agree that suits and actions may be commenced against me in the proper court of any county in Alabama in which the plaintiff may reside, by the service of the legal process upon the Secretary of the Alabama Polygraph Examiners Board and that such services shall be taken and held in all courts to be as valid and binding as if due service had been had upon me.

Signature

29. AFFIDAVIT (To be executed by every applicant.)

STATE OF _____
COUNTY OR CITY OF _____

The undersigned being duly sworn deposes that he/she is the person who executed this application, that the statements herein contained are true, that he has not suppressed any information that might affect this application, and that he/she has read and understands this affidavit.

(SEAL)

(Signature of applicant)

Subscribed and sworn to before me this _____ day of _____ 20____

(Signature of Notary Public)

(My commission expires)

30. RECORD OF BOARD (To be completed by Board)

Name of Applicant _____		Date Application Received _____
Fees Paid:	Receipt Number	Date Paid
A. Investigative Fee \$150.00 (Non-refundable)	_____	_____
B. Intern License Fee \$100.00	_____	_____
C. Intern Extension Fee \$100.00	_____	_____
D. Original License Fee \$100.00	_____	_____

Intern Sponsor and Address _____

Surety Bond or Insurance Company _____


Examination given on _____ with an average score of _____

- A. Psychophysiological Phase (Written Score) _____
- B. Law Phase (Written Score) _____
- C. Miscellaneous Phase (Written Score) _____
- D. Practical Phase (Written Score) _____
- E. Charts Phase (Written Score) _____

License granted otherwise _____

Members of the Board present please sign below:

_____ CHM. _____ V.CHM
 _____ SEC. _____ MBR.
 _____ MBR _____ MBR

	Appendix A – Chapter 265-X-2 ALABAMA LAW ENFORCEMENT AGENCY Application to Review Alabama Criminal History Record Information
Applicant Information	

Full Name (First, Middle, Last, Suffix): _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____

Alias or Nickname(s): _____ Sex/Gender: Male Female

Social Security Number: _____ Date of Birth: _____ (month/date/year)

Race: White Black Asian Indian Other (please specify) _____

Current Driver's License Number: _____ Issuing State: _____

Current e-mail address: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work Phone #: (_____) _____ Extension: _____

- Included with my Application are the following items:**
- Completed Application signed by applicant and **two witnesses** OR notarized.
 - The required copy of my valid photo identification (see "Appendix B" for applicant instructions, required documents and accepted forms of identification).
 - A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required (please see "Appendix C" for instructions).

Affidavit for Release of Information:
I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent* _____

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. §41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be incomplete or inaccurate (see "Appendix A-1" for contact information).

Applicant Signature _____ Date _____


Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Signature _____ My Commission Expires _____, 20____.

<p>Appendix A-1 – Chapter 265-X-2</p> 	<p style="text-align: center;">ALABAMA LAW ENFORCEMENT AGENCY</p> <p style="text-align: center;">Application to Challenge Alabama Criminal History Record Information</p>
<p style="text-align: center;">Request to Challenge CHRI maintained by ALEA</p>	

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Records and Identification Division that he or she believes to be **incomplete or inaccurate**. This may be requested by completing the *ALEA Application to Challenge AL Criminal History Record Information* and returning it along with the required documentation to ALEA within one calendar year of the date of the ALEA response to the individual's request to review CHRI.

Please ATTACH IN WRITING to this completed application the following information regarding EACH arrest and/or disposition you wish to challenge:

1. The charge and DATE of each specific arrest or disposition being challenged;
2. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
3. A listing of each specific arrest or disposition being challenged;
4. The details related to why each specific arrest is incorrect or incomplete;
5. What the applicant believes to be the correct information for each arrest or disposition being challenged;
6. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
7. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.

<p>Please mail your completed application, along with the required documentation to: Records & Identification Division P.O. Box 1511 Montgomery, Alabama 36102-1511</p> <p>The <i>ALEA Application to Review or Challenge AL Criminal History Record Information</i> will be reviewed by an ALEA official, along with the documentation provided. The applicant will be notified as promptly as possible of the results of the challenge and you may appeal a decision that is unsatisfactory to you according to the procedures established by the ALEA Commission.</p>

Questions? Contact the Alabama Law Enforcement Agency's Records & Identification Division by calling **334-353-4340**. ALEA's normal business hours are Monday through Friday, from 8:00 a.m. until 5:00 p.m. Central Standard Time (CST).

Appendix B -- Chapter 265-X-2



Applicant Instructions

For completing the ALEA Applications to Review or to Challenge Alabama Criminal History Record Information

In order for your request to review, challenge or appeal your Alabama criminal history record information to be processed by the Alabama Law Enforcement Agency (ALEA), you must complete the *ALEA Application to Review or to Challenge AL Criminal History Record Information* in accordance with the following instructions:

1. **Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Active Duty, Retiree or Reservist military ID card (DD Form 2 or 2A);
 - c. A valid unexpired United States Military Dependent ID card (for spouse or children of Active Duty Military personnel);
 - d. A valid unexpired United States Citizenship and Immigration Service Documentation, which may include either:
 - i. Certificate of Naturalization N-550, N-570, N-578; or
 - ii. Certificate of Citizenship N-560, N-561, N-645
 - e. A valid unexpired United States Passport; or
 - f. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.

2. **Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order made payable to the "ALEA Records and Identification Division" (sorry – personal and/or business checks are not accepted); and**

3. **Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card) collected by an approved law enforcement agency with a valid FBI ORI. This permits positive identification and insures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.

4. **If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
 - a. The charge and DATE of each specific arrest or disposition being challenged;
 - b. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - c. A listing of each specific arrest or disposition being challenged;
 - d. The details related to why each specific arrest is incorrect or incomplete;
 - e. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - f. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - g. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.

5. **Your completed request and all of the required documentation should be mailed to:**
 Alabama Law Enforcement Agency – Records & Identification Division
 P.O. Box 1511
 Montgomery, Alabama 36102-1511

Please allow a minimum of 5-10 business days from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling (334) 353-4340.



STATE OF ALABAMA
POLYGRAPH EXAMINERS BOARD
P. O. Box 1511
MONTGOMERY, ALABAMA 36102-1511
334-517-2903

ANNUAL RENEWAL FORM _____ THRU _____

EXAMINER'S FULL NAME _____
Principal Employer _____
LAST FOUR DIGITS SOCIAL SECURITY NUMBER _____
Office Phone _____
DOCUMENT CONTROL NUMBER _____
EXAMINER'S REGISTRATION NUMBER _____

Business Address _____ E-mail _____

City _____ State _____ Zip Code _____

Residence Address _____
Residence Phone _____

City _____ State _____ Zip Code _____

Add separate sheet(s) if necessary. Present employer must be listed.
SEND MAIL TO: Residence Address _____ Business Address _____
Licensed also in the State(s) of: _____

List business name and addresses where your polygraph records for the past year are being kept and under whose care. _____

Have you been subjected to departmental discipline during the past year?
YES _____ NO _____, If "YES" explain fully on an attached sheet.

Have you been convicted of a felony or misdemeanor during the past year?
YES _____ NO _____, If "YES" explain fully on an attached sheet.

Has any civil actions or judgments been filed, rendered or settled against you as a result of a polygraph examination in the past year? YES _____ NO _____.
If "YES" please explain fully on an attached sheet.

Renewal Fee \$100 Enclosed (YES) (NO) _____ Law Enforcement Examiner _____

Surety Bond Expiration Date _____ Private Practice Examiner _____
Surety Bond Enclosed (YES) (NO) _____

Continuing Education Hours _____ (Attach verification)
Foreign Language(s) Spoken _____

THE RECORDS OF THIS BOARD MUST REVEAL THAT YOUR SURETY BOND/INSURANCE POLICY IS VALID BEFORE YOUR LICENSE CAN BE RENEWED. PLEASE INSURE THAT A CONTINUATION CERTIFICATE HAS BEEN FORWARDED TO THIS BOARD EVEN IF YOUR BOND/INSURANCE IS CONTINUOUS. FAILURE TO FURNISH ALL REQUIRED INFORMATION MAY CAUSE A DELAY IN THE RENEWAL OF YOUR LICENSE.

ALL EXAMINERS

TYPE OF DETECTION INSTRUMENT USED _____
Number of polygraph examinations administered in Alabama during the PAST YEAR _____
Maximum number of polygraph examinations conducted in any ONE DAY _____

If you DO NOT desire to renew your Alabama Polygraph Examiner's License, complete this section by signing below and return to the Board. Please return your permanent license along with this renewal form.

I DO NOT desire to renew my Alabama Polygraph Examiner's License for the coming fiscal year _____ (Signature).

ALL EXAMINERS

I certify that all the information provided and/or attached is true and correct and that my license is not currently suspended, denied or cancelled in Alabama or in any other state.

SIGNATURE _____ DATE _____

NOTICE

Change of business address--Notice in writing shall be given to the secretary by the licensed examiner of any change of principal business location within thirty (30) days of the time of the change of location. A change of business location without notification to the secretary shall automatically suspend the license. (Code of Alabama 1975 §35-25-28)

NON-RESIDENT EXAMINERS ONLY

Number of visits or trips into Alabama where polygraph examinations were conducted during the past year. _____

NON-RESIDENT'S CONSENT OF SERVICE OF PROCESS (Code of Alabama 1975, §35-25-23)

I hereby consent to the provision of the Alabama Polygraph Examiners Act, and agree that suits and actions may be commenced against me in the proper court of any county of Alabama in which the plaintiff may reside by the service of the legal process upon the Secretary of the Alabama Polygraph Examiners Board and that such services shall be taken and held in all the courts as valid and binding as if the service has been upon me.

Signature _____

ALL BLANKS MUST BE COMPLETED OR MARKED N/A IF NOT APPLICABLE

Schedule of State Legal Compliance and Other Findings
For the Examination Period Ended September 30, 2011

CONTINUING PRIOR FINDINGS

Ref. No.	Finding/Noncompliance
2009-02	<p><u>Prior Finding:</u> During the last examination, we found that the Board's licensing forms for application and renewal were not included with the Board's administrative rules on file with the Legislative Reference Service's Administrative Procedure Division, as required by law. We recommended that the board file the forms, as required.</p> <p><u>Current Status:</u> During the current examination, we found that the forms remained unfiled.</p> <p>The <i>Code of Alabama 1975</i>, Section 41-22-3(9) defines an administrative rule as, "Each agency regulation, standard, or statement of general applicability that implements, interprets, or prescribes law or policy, or that describes the organization, procedure, or practice requirements of any agency and includes any form which imposes any requirement or solicits any information not specifically required by statute or by an existing rule or by federal statute or by federal rule or regulation; provided, however, all forms shall be filed with the secretary of the agency and with the Legislative Reference Service and all forms, except intergovernmental, interagency, and intra-agency forms which do not affect the rights of the public and emergency forms adopted pursuant to Section 41-22-5, shall be published in the Agency Administrative Code."</p> <p><u>Recommendation:</u> The Board should file with the Administrative Procedure Division of the Legislative Reference Service the forms required to be completed by its licensees.</p>

Board of Polygraph Examiners H
 State of Alabama