STATE OF ALABAMA
POLYGRAPH EXAMINERS BOARD
P. O. Box 1511
MONTGOMERY, ALABAMA 36102-1511
334-676-7619

ANNUAL RENEWAL FORM 10/01/2025 THRU 09/30/2026

EXAMINER'S FULL NAME_____ LAST FOUR DIGITS SOCIAL SECURITY NUMBER_____ DOCUMENT CONTROL NUMBER_____ EXAMINER'S REGISTRATION NUMBER_____

Principal Employer_____ Office Phone_____

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.
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.

SEND MAIL TO: Residence Address☐ Business Address☐

_____

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 $200 Enclosed YES☐ NO☐ Law Enforcement Examiner_____
Surety Bond Expiration Date_____
Surety Bond Enclosed YES☐ NO☐ Private Practice Examiner_____
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

The Beason-Hammon Alabama taxpayer and citizen Protection Act (Alabama Immigration Statue) requires individuals to provide proof of citizenship/legal alien status on initial and renewal applications. *Please include a copy of your drivers license with your renewal application.*

I am enclosing a copy of my _____ as proof of citizenship/legal alien status.

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 §34-25-28)

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, §34-25-23)

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_____DATE_____

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