

Polygraph Intern Application Instructions and Materials Check List

This checklist is intended to assist you with filing a complete Polygraph Intern application. All applicable items listed must be completed and submitted for your application to be processed.

- () Forensic Polygraph Examiner Intern License Application (BCS/LPY-020)
 - () Completed all fields on application
 - () Signed and dated application
 - () Attached official certification of licensure from each state in which you are or have been licensed

- () Scheduled your fingerprint scanning with Live Scan vendor (must contact one of the Live Scan Vendors listed on the Michigan State Police (MSP) website at: http://www.michigan.gov/msp/0,1607.7-123-1589_1878_8311-23762--,00.html to schedule an appointment to obtain and process your fingerprints, providing the Live Scan Vendor with the DELEG Agency ID Number listed on the Live Scan Fingerprint Request.

- () Attached completed Consent to Service of Process form (BCS/LCL-900)

Note: This form is only required if you are NOT a Michigan resident

- () Attached official transcripts

Note: You must have completed a baccalaureate degree and 15 semester hours of Social or Behavioral Science

- () Attached proof of enrollment in an approved polygraph training school

- () Enclosed your check or money order in the proper amount made payable to the "State of Michigan"

Only a completed application, with all documentation cited above, will be reviewed.

INTERNSHIP PROGRAM INFORMATION

Intern Supervisor's Name (First, Middle, Last)	License Number 60-01	
Expiration Date of Intern Supervisor Approval	Intern Supervisor's Daytime Telephone Number ()	
Address of Internship Location (Number and Street)		
City	State	Zip Code

Intern Supervisor Certification:

I hereby certify that I will provide direct supervision and instruct this intern as required by the provisions of R338.9008.

Intern Supervisor's Signature	Date
Type or Print Intern Supervisor's name	Polygraph Examiners License Number

Intern License Applicant's Certification:

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

Applicant's Signature	Date
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Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 Forensic Polygraph Examiners
 P.O. Box 30018, Lansing, MI 48909
 517-241-8205
 www.michigan.gov/polygraph

LIVESCAN FINGERPRINT REQUEST

*****Return completed form (after fingerprint capture) to employer or state licensing authority*****

I. CJIS Information: Type or clearly print answers to all fields.	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID 10941T	6. Agency Name MI DLEG

II. Applicant Information: Type or clearly print answers to all fields.			
1a. First Name	1b. Middle Initial	1c. Last Name	
2. Date of Birth	3. Race	4. Sex	
5. Address			
6. City	7. State	8. ZIP Code	

Fingerprint Reason	
Code: PO POLYGRAPH LICENSE (MCL 338.1710(g))	\$49.25+LS Fee

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety.

Signature: _____ Date: _____

TITLE 28 - JUDICIAL ADMINISTRATION 16.34 - Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.****

AUTHORITY: MCL 28.214, MCL 28.273 & MCL 28.162
 COMPLIANCE: Voluntary, however failure to complete this Agreement will result in denial of request.