

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