

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Schools and Licensing Section
P.O. Box 30018, Lansing, MI 48909
517-241-9221
www.michigan.gov/polygraph

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

POLYGRAPH EXAMINER, INTERN, RECIPROCAL OR TEMPORARY LICENSE APPLICATION

AUTHORITY: 1972 PA 295
PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name		Date of Birth	U.S. Social Security Number	
Address		City		State
				Zip Code
Permanent ID Number (if applicable)		Telephone Number	E-mail Address	

Are you a citizen of the United States?

Yes No

Have you been under sentence for the commission of a felony within 5 years prior to your application, including parole, probation, or actual incarceration?

Yes No

Do you have an academic degree, at least at the baccalaureate level, from an accredited college or university, with such academic degree to include specialized study in 1 academic major, or 2 academic minor areas that the department determines to be suitable for and related to specialization as an examiner?

Yes No

Have you satisfactorily completed an internship training program approved by the department or provided documentation of experience equivalent to an internship training program pursuant to R 338.9009? (if no, you will need to apply as an intern and check N/A for the next question)

Yes No

Have you continuously resided in this state or been continuously eligible to apply for an absentee voter's ballot for the general elections in this state for at least 6 calendar months immediately before the date of the application; or any combination of these 2 requirements that totals at least 6 calendar months? (if no, apply for a temporary license and submit Service of Process, if applicable.)

Yes No N/A

Have you previously had an examiner's license, or its equivalent, refused, revoked, suspended or otherwise invalidated for a reason that would also represent lawful grounds for revoking or denying a license under this act?

Yes No

FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
New Public Examiner's License	\$25.00	6001-01 = \$ 25.00	
Reciprocal Public Examiner's License	\$25.00	6001-01 = \$ 25.00	
Reinstated Public Examiner License (if license is currently revoked or suspended)	\$50.00	6001-01 = \$ 25.00 6001-23 = \$ 25.00	
New Private Examiner's License	\$100.00	6001-03 = \$ 100.00	
Reciprocal Private Examiner's License	\$100.00	6001-03 = \$ 100.00	
Reinstated Private Examiner's License (if license is currently revoked or suspended)	\$125.00	6001-03 = \$ 100.00 6001-23 = \$ 25.00	
Temporary 10-Day License	\$100.00	6001-04 = \$100.00	
Non-Resident Annual License	\$200.00	6001-04 = \$200.00	
New Intern License	\$25.00	6001-01 = \$ 25.00	
Intern Reinstatement (if license is currently revoked or suspended)	\$50.00	6001-05 = \$ 25.00 6001-23 = \$ 25.00	
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
NONREFUNDABLE FEES ARE AUTHORIZED UNDER 1972 PA 295			

Additional Required Documents

- Provide documentation that you have suitable experience in the personal administration of polygraph examinations during an internship, or its equivalent.
- Provide a copy of the completed Live Scan Fingerprint Request (RI-030).
- Copy of examiner's license from reciprocal state (if applying for reciprocal license).
- Consent to Service of Process (if nonresident).

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

Signature

Date

LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273

COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information:							
1. Fingerprint Code PO-Poly Lic MCL338.1710		2. Requestor/Agency ID 10941T		3. Agency Name MI LARA		4. Individual ID (optional)	
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race		15. Height	16. Weight	17. Eye Color	18. Hair Color	
III. Livescan Information:							
1. Date Printed		2. Picture ID Type Presented			3. Transaction Control Number (TCN)		4. Livescan Operator*
IV. Consent							
<p>I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p> <p>During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.</p> <p>Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
Signature				Date			
_____				_____			

Procedure to obtain a change, correction, or update 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.
(28 CFR § 16.34)

INSTRUCTIONS

Section I.

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (optional)

Is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II.

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III.

Livescan Information:

This section is required to be completed by the Livescan vendor operator. Must be completed by the Livescan operator at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.

***Livescan Operator** – when an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Livescan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.