APPLICATION FOR RENEWAL OF DETECTION OF DECEPTION EXAMINER'S LICENSE

OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 7525 (10-2001)

Name of Applicant:			
Name of Business:		Telephone Number:	
Business Address: (Street)	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:
Have you been convicted of a crime within the last year? ☐ Yes ☐ No If yes, please list the conviction(s) and disposition(s):			
Has a civil action been brought against you pertaining to a polygraph examination within the last year? ☐ Yes ☐ No (If so, please explain by attachment.)			
Have you received additional training during the past year? ☐ Yes ☐ No (If so, please explain by attachment.)			

The above information is true and correct to the best of my information and belief.

State of _____)
)
County of _____)

Signature of Applicant:

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

(Seal)

Notary Public Signature:

My commission expires on:

License Fee: **$35.00**

Return To: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329