

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

- Deception Detection Intern Deception Detection Examiner
 Deception Detection Examination Administrator

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Note: All Division notices and communication will be sent to this email.

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

**Driver License
or State ID Card**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the State of Utah, Division of Occupational and Professional Licensing any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see [DOPL's criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession.
(Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

- Yes No If you indicated a Deception Detection Examiner license above, after obtaining the license(s), have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement

INTERN LICENSE SUPERVISION

This section only needs to be completed by applicants for intern licensure.

Applicant's Name: _____

Name of Supervisor: _____ **License Number:** _____

Telephone Number: _____ **Email:** _____

I hereby agree to be directly supervised by the above named deception detection examiner

Signature of Applicant: _____ **Date:** _____

I certify that I am licensed in good standing and that I will supervise the internship practice of the above named deception detection intern as required by R156-64-302f.

Signature of Supervisor: _____ **Date:** _____

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ **Date:** _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

Verification of Deception Detection Internship

This section only needs to be completed by applicants for examiner licensure.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **State of Issue:** _____

EMPLOYMENT INFORMATION

To be completed by the employer, human resources, supervisor or colleague within the profession.

Name of Establishment: _____

Telephone Number _____ **Email:** _____

Dates of Internship: _____ to _____
MM/DD/YYYY MM/DD/YYYY

Total number of supervised deception detection examinations: _____

Did the Intern successfully complete all the requirements of the internship? Yes No **Please explain:**

Is the applicant still employed? Yes No

If no, is the applicant re-hirable? Yes No **Please explain:** _____

I do hereby certify that the applicant for licensure as a licensed deception detection examiner has completed the internship outlined above as required in UCA 58-64-302(1)(h).

I further certify that the applicant is qualified and competent to practice as a licensed deception detection examiner.

Signature of Supervisor: _____ **Date:** _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- Non-refundable application processing fee, made payable to "DOPL".
 - \$65.00 for Deception Detection Intern Applicants.
 - \$80.00 for Deception Detection Examiner Applicants and Deception Examination Administrator.
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire."
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

LICENSURE BY APPLICATION

In addition to the items required for all applicants, you must submit the following:

- Pass the Utah Deception Detection Examiners Law and Rules Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. See the Exam page on our website at www.dopl.utah.gov/dd/ for more information.

Additionally, you must submit the education and/or experience requirements for the type of license you are applying for:

- Deception Detection Examiner Applicants:
 - Submit one of the following:
 - Official Transcripts documenting a bachelor's degree;
 - Official documentation of completing of not less than 8000 hours of investigative experience as a criminal or civil investigator with a federal, state, county or municipal law enforcement agency or other equivalent investigative experience; or
 - A combination of education and investigative experience as outlined in R156-64-302b(3).
 - "Verification of Deception Detection Internship" found in this application.
 - Documentation of completion of an approved deception detection program accredited by the American Polygraph Association.
- Deception Detection Examiner Intern Applicants: Submit all of the requirements listed above for Deception Detection Examiners, except in lieu of a completed Verification of Deception Detection Internship, please submit:
 - "Intern License Supervision" section of this application.
- Deception Detection Examination Administrator Applicants:
 - Certification obtained as a Deception Detection Examination Administrator provided by the software manufacturer.
 - Either: Official Transcripts documenting an associate's degree or official documentation of completing of not less than 4000 hours of investigative experience with a federal, state, county or municipal law enforcement agency or other equivalent investigative experience.

LICENSURE BY ENDORSEMENT: DECEPTION DETECTION EXAMINERS ONLY

If you are currently licensed in good standing as a deception detection examiner in a state, territory, or district of the United States [deemed equivalent to a Utah license](#) and have at least one year of licensed experience, you may apply for Licensure by Endorsement. *In addition* to the items required by all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see [our website](#) for additional information regarding approved states.

Note: If your state is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Initial Licensure above.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions regarding licensure, please feel free to contact the board directly via email at B6@utah.gov.

Note: DO NOT send applications or payment via email!