# Ohio Association of Polygraph Examiners
# Renewal Certification

| Last Name | First | Middle Initial |
|---|---|---|

| Home Address | City | State | Zip |
|---|---|---|---|

| Home Phone Number | Business Number | Fax Number |
|---|---|---|

| Business Address | City | State | Zip |
|---|---|---|---|

Have you ever been denied certification by any other certifying body? _____

As an adult, have you ever been convicted of any felony or misdemeanor? _____

Have you ever been denied a polygraph license? _____
*(If you answered yes to any of the above questions, please provide details on a separate page and attach it to this form)*

Fees to be submitted with this renewal certification application are: $10.00
Please make checks out to: OAPE

Please attach documentation of having completed at least 24 hours of continuing education within the preceding three year period.

Return application, fee, and continuing education documentation to:
Randy Alexander
P.O. Box 788
Green, OH. 44232

If the applicant does not meet the foregoing qualifying certification standards on this application, certification may be denied.

By signing my name below, I affirm that all information contained within this application is true and accurate. Further, I agree that I will abide by all applicable federal, state, and local laws regarding polygraph and its use. I will also abide by all rules and regulations of the certification program. I agree to have my certification revoked, suspended or removed should the grievance committee find cause to do so. I will hold all officers and members harmless in such matters.

_____ _____
Signature of Applicant Date Submitted