



Number of Cases conducted in training \_\_\_\_\_

Refresher or seminar programs attended: \_\_\_\_\_

\_\_\_\_\_

12. **Polygraph Experience:** \_\_\_\_\_

Name and address of polygraph employer: \_\_\_\_\_

\_\_\_\_\_

Length of employment: From \_\_\_\_\_ To \_\_\_\_\_

Total number of cases (subjects) and their case types within the last three years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13.. **Other Polygraph Licenses:** State \_\_\_\_\_ Number \_\_\_\_\_

14. **Organizational Memberships:** \_\_\_\_\_

\_\_\_\_\_

15. **Military Service:** (Branch, dates of service and type of discharge) \_\_\_\_\_

\_\_\_\_\_

16. **(Supply full information regarding circumstances on a separate paper to any question answered in the affirmative)**

a. Arrests and/or convictions:

\_\_\_\_\_

b. Have you ever been refused a bond? Y/N \_\_\_\_\_

c. Have you ever been discharged from any employment? Y/N \_\_\_\_\_

d. Have you ever been expelled from membership in any organization or society?  
Y/N \_\_\_\_\_

e. Have you now or have you ever been a member of a subversive organization?

Y/N \_\_\_\_\_

17. **References:** (Include names and addresses of at least 4)

- a. \_\_\_\_\_  
Name of IPA member to certify operation proficiency
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

I have enclosed the sum of \$75.00 for membership payment of annual dues, payable at time of submission of application. (In the event application is not accepted, full return will be made.) I further agree to hold said Indiana Polygraph Association, its members, examiners, officers, and agents free from damage, liabilities or complaint, by reason of any action they, or any of them, take in connection with this application.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires \_\_\_\_\_  
(Notary public)

**\*\*Applicant must be present at an IPA Conference in order to be voted into membership. If the applicant is not available then the vote for membership will be tabled until the applicant is present.**

Note to applicant: All answers must be in full, including any additional information for consideration submitted on separate paper if necessary.

**Mail Application and payment to** (make checks payable to Indiana Polygraph Association):

**Indiana Polygraph Association**  
*Matt Collins*  
PO Box 522  
Roanoke, IN 46783  
E-mail: mcollins@isp.in.gov