



CHANGE OF EXAMINER'S INFORMATION FORM



Effective Date
5-2019

NOTICE: Information contained on this form is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

(PREVIOUS) NAME OF POLYGRAPH EXAMINER (OR INTERN) OR VOICE STRESS ANALYSIS EXAMINER

PE # _____ or IPE # _____ or VSA # _____

THIS IS AN OFFICIAL NOTIFICATION TO THE DEPARTMENT OF THE ARKANSAS STATE POLICE THAT THE FOLLOWING INFORMATION HAS CHANGED (select any changes that are applicable):

(NEW) EXAMINER NAME (**NOTE:** Proper court documentation which created the change must be attached with this form)

NEW PRINCIPAL BUSINESS LOCATION

NEW PHONE NUMBER

(_____) _____

NEW EMAIL ADDRESS

I hereby certify to the Department of the Arkansas State Police that the above information is true and correct.

EXAMINER'S SIGNATURE _____ DATE _____

NOTICE: Notice in writing shall be given to the Director of the Department of Arkansas State Police by the polygraph examiner licensee or the intern of any change of principal business location, telephone number, or email address within thirty (30) days of the time he or she changes location, telephone number, or email address.