

**IRREVOCABLE CONSENT FOR SERVICE
IN SUITS AND/OR ACTION**

WHEREAS, I, _____, applicant for license privileges as a Polygraph Examiner operating individually or under the firm name of _____ have made application for a license to act as a POLYGRAPH EXAMINER, Non-resident, within the State of Arkansas, in accordance with the provisions of ACT 393.

WHEREAS, under the provisions of A.C.A. § 17-39-204:

(a) A polygraph examiner licensee or an intern polygraph examiner licensee who does not maintain a place of business in Arkansas shall file with the Director of the Arkansas State Police an irrevocable consent that:

(1) Actions against the licensee may be filed in any appropriate court of any county or municipality of this state in which the plaintiff resides or in which some part of the transaction occurred out of which the alleged cause of action arose; and

(2) Service of process of the action may be obtained on the licensee by leaving two (2) copies of the process with the director.

(b) The consent shall stipulate and agree that such service of process upon the director shall be taken and held to be valid and binding for all purposes.

(c) The director shall promptly forward one (1) copy of the process to the licensee at the address shown on the records of the director by certified mail, return receipt requested.

NOW THEREFORE, I, _____, the above name applicant for license privilege as a POLYGRAPH EXAMINER as aforesaid, hereby execute and file with the Director of the Arkansas State Police my irrevocable consent that actions against the subscriber may be filed in any appropriate court of any county or municipality of the state in which the plaintiff resides or in which some part of the transaction occurred and out of which the alleged cause of action arose and that process in any action may be served on the subscriber by leaving two copies thereof with the Director of the Arkansas State Police. Such consent shall stipulate and agree that such service of process shall be valid and binding for all purposes.

AFFIDAVIT:

STATE OF _____ §

COUNTY OF _____

BE IT REMEMBERED, that on this _____ day of _____,

20 _____, before me personally appeared the subscriber, _____,

who is known to me to be the person named in and who signed the foregoing instrument, and who acknowledge that he signed his name as his voluntary act and deed for the uses and purposes therein expressed.

Notary Public

Date Commission Expires