

I have answered all of the above questions truthfully, and further, I agree to hold the South Carolina Association of Polygraph Examiners, its members, officers, and agents, free from damage, liabilities, or complaint, by any reason of any action they take in connection with this application.

Applicant _____ Date _____
Signature MM/DD/YY

Witness _____ Date _____
Signature MM/DD/YY