



WRITTEN PLAN OF SUPERVISION

Instructions: This form is to be submitted with the online application for an associate (or trainee) private investigator, digital forensics examiner, electronic countermeasures, or polygraph license; or when changing sponsors, pursuant to administrative rule 14B NCAC 16 .0201(b).

Associate/Trainee license being applied for or currently held (check all that apply):

Private Investigator Digital Forensics Electronic Countermeasures Polygraph

Private Investigator and Digital Forensics Examiner Associates only

1. I have read and understand the minimum supervision requirements of a Level One Associate, pursuant to 14B NCAC 16 .1102 or .1702.
2. I have read and understand the minimum supervision requirements of a Level Two Associate, pursuant to 14B NCAC 16 .1103 or .1703.
3. I have read and understand the minimum supervision requirements of a Level Three Associate, pursuant to 14B NCAC 16 .1104 or .1704.
4. I understand the Associate and their sponsor must complete at established intervals the "Training Checklist," in accordance with 14B NCAC 16 .1101(3) or .1701(3).
5. I understand the Associate is responsible for maintaining the "Associate Log," in accordance with 14B NCAC 16 .1101(4) or .1701(4).
6. I understand that Associates in Level One or Two cannot, independently of their sponsor, accept or contract employment for services within the scope of their license.
7. I understand that a violation by the Associate of the Board's laws or rules may be deemed to be a violation by the sponsor if the violation is found to be the result of insufficient supervision by the sponsor.

Electronic Countermeasures Trainees only

1. I have read and understand the minimum supervision and record-keeping requirements found in administrative rule 14B NCAC 16 .0403.

Polygraph Trainees only

1. I have read and understand the minimum supervision and record-keeping requirements found in administrative rule 14B NCAC 16 .0502.

Applicant name	Applicant signature	Date
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Sponsor name	Sponsor signature (Notary required)	Date
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Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public
My commission expires:_____