FEE PAID:_____

Individual Private Detective License Renewal Form

County of _____ DOCKET #: CP – 51 – MD - _____ - _____

Name of Applicant:_____

Date of Birth:_____ Social Security Number:_____

Date Current License issued:_____/_____/_____ Date of Expiration:_____/_____/_____

Residence Address:

_____

_____

_____

Phone No.:_____

Business Address: (Philadelphia Address)

_____

_____

_____

Phone No.:_____

Branch Office Address:

_____

_____

_____

Phone No.:_____

Has any member of the partnership, association or corporation ever been arrested or convicted of a criminal offense in this state or any other state? _____NO _____YES (If yes, give details on a separate sheet and submit with this form)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons' knowledge, information and belief; said affirmation being made subject to penalties prescribed in 18 Pa C.S.A.§4904; unsworn falsifications to authorities. By signing this affirmation, the undersigned further certifies that they are familiar with the Private Detective Act of August 21, 20153, P.L.1273§1, as amended and warrant that this application is in compliance with the provisions of the Act.

_____ _____

SIGNATURE DATE SIGNATURE DATE

(Attached a Separate Sheet for Additional Signatures)

FOR USE BY COUNTY

CRIMINAL RECORDS CHECK:

☐ **COUNTY** ☐ **CHECK IF CONVICTION IS FOUND**

☐ **STATE**

☐ **NCIC**

☐ **LICENSE RENEWAL APPROVED BY:**_____

DATE LICENSE APPROVED:_____

☐ **LICENSE RENEWAL NOT APPROVED**

DATE SUBMITTED TO COURT FOR HEARING:_____