

FEE PAID: _____

Partnership, Association or Corporation Private Detective License Renewal Form

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

Name of Partnership/Association or Corporation: _____

Federal Identification No.: _____

Date Current License issued: _____ / _____ / _____

Date of Expiration: _____ / _____ / _____

Address of Principal Place of Business:

Address of Branch Office: (Philadelphia Address)

Please State The Name, Address, Date Of Birth, And Social Security Number Of Each Individual Composing The Partnership, Association Or Corporation Below:

| NAME | ADDRESS | DOB | SSN |
|------|---------|-----|-----|
| | | | |
| | | | |
| | | | |

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:

LICENSE RENEWAL APPROVED BY: _____

COUNTY CHECK IF CONVICTION IS FOUND

DATE LICENSE APPROVED: _____

STATE

LICENSE RENEWAL NOT APPROVED

NCIC

DATE SUBMITTED TO COURT FOR HEARING: _____