

FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY  
TRIAL DIVISION – CRIMINAL

Petition of \_\_\_\_\_(NAME)  
Individually for a License to Carry on the  
Business of a Private Detective

Docket #: CP-51-MD-\_\_\_\_\_, \_\_\_\_\_

Filed By And On Behalf Of:

\_\_\_\_\_(Name)

\_\_\_\_\_(Address)

\_\_\_\_\_(Address)

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FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
IN THE COURT OF COMMON PLEAS FOR PHILADELPHIA COUNTY

IN RE: \_\_\_\_\_

: CRIMINAL DIVISION  
:  
:  
:

: Docket #: CP-51-MD-\_\_\_\_\_, \_\_\_\_\_  
:  
:

**APPLICATION PETITION FOR PRIVATE DETECTIVE LICENSE**

***TO THE HONORABLE JUDGES OF SAID COURT:***

**AND NOW COMES** the Petitioner/Applicant, \_\_\_\_\_, who respectfully submits PRIVATE DETECTIVE LICENSE, and avers as follows:

1. Petitioner/Applicant is desirous of obtaining a private detective license to engage in the make for hire, reward. Or for other consideration, investigations for the purpose with reference to any and/or matters set forth in the Private Detective Agency.

2. \_\_\_\_\_ (State Your Name)
3. Petitioner/Applicant was born on \_\_\_\_\_ and is \_\_\_\_\_ years of age.
4. Petitioner/Applicant is a citizen of the United States of America, born in \_\_\_\_\_.
5. Petitioner/Applicant's social security number \_\_\_\_\_.
6. Petitioner/Applicant's principal place of business is \_\_\_\_\_.  
\_\_\_\_\_.
7. Petitioner/Applicant currently resides at the following address: \_\_\_\_\_.  
\_\_\_\_\_.
8. Petitioner/Applicant's telephone number is: \_\_\_\_\_.
9. Petitioner/Applicant currently holds a concealed carry permit and is fully aware of the Legal Weapons Training Act of 1974, certified and has completed under the Act, holding license number: \_\_\_\_\_.
10. Petitioner/Applicant believes and submits he has the proper qualifications to engage as a detective with competency and integrity.
11. Petitioner/Applicant is ready, willing and able to pay the necessary fees and furnish respects to comply with the requirements of the Private Detective Act.
12. Attached as EXHIBIT "A" and made part hereof are two (2) Statements.
13. Attached as EXHIBIT "B" and made part hereof are the approved and recognized citizens of Philadelphia County of the Commonwealth of Pennsylvania, I have personally known the Petitioner/Applicant for a period of more than five (5) years. The character witnesses have read this application/petition and believes it is true and that your Petitioner/Applicant is honest, of good character and is aware they cannot be connected to the Petitioner/Applicant by blood or marriage.
14. Attached as EXHIBIT "C" and made part hereof are two photographs of the Petitioner/Applicant.
15. Attached as EXHIBIT "D" and made part hereof are two fingerprint cards of Petitioner/Applicant.

WHEREFORE, your Petitioner/Applicant respectfully prays your Honorable Court conduct and operates, for hire, reward or other consideration, the business of investigations under the provisions of the Private Detective Act 1953 and as subsequently Honorable Court's powers under the Private Detective Act.

RESPECTFULLY SUBMITTED:

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*Petitioner/Applicant Signature*

# AFFIDAVIT

## COMMONWEALTH OF PENNSYLVANIA COUNTY OF PHILADELPHIA

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned for said Commonwealth and County, personally appeared, \_\_\_\_\_, who first being deposes says the allegations contained in the foregoing APPLICATION/PETITION are both applicants knowledge, information and belief.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC*

My Commission Expires: \_\_\_\_\_

# EXHIBIT “A”

*(Two Statements/Recommendation Letters attached)*

# EXHIBIT “B”

*(Name, Address and Phone Numbers – Character Witnesses)*

WE, the undersigned, citizens of Philadelphia County, Commonwealth of Pennsylvania, have personally known \_\_\_\_\_, the within Petitioner/Applicant, for more than five (5) years and have read the within Application/Petition and believe the statements made therein to be true.

Petitioner/Applicant is honest, of good character and competent; and Petitioner/Applicant is not related by blood or marriage.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

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ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

# EXHIBIT “B”

*(Character Witness Reference - Part 1 of 5)*

I, \_\_\_\_\_, the undersigned hereby certify that I have personally known the Petitioner/Applicant, \_\_\_\_\_, for at least five (5) years prior to this date; that I have read the foregoing Application/Petition and believe each of the statements made therein to be true; that the Petitioner/Applicant is honest, of good character, and competent; that I am not related to the Petitioner/Applicant nor with him or her by blood or marriage.

\_\_\_\_\_  
SIGNATURE

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the Notary for said Commonwealth and County, personally appeared, \_\_\_\_\_, known to me (or Satisfactory proven) to be the person whose name is subscribed to the statement, and Acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC SIGNATURE*

My Commission Expires:\_\_\_\_\_

# EXHIBIT “B”

*(Character Witness Reference - Part 2 of 5)*

I, \_\_\_\_\_, the undersigned hereby certify that I have personally known the Petitioner/Applicant, \_\_\_\_\_, for at least five (5) years prior to this date; that I have read the foregoing Application/Petition and believe each of the statements made therein to be true; that the Petitioner/Applicant is honest, of good character, and competent; that I am not related to the Petitioner/Applicant nor with him or her by blood or marriage.

\_\_\_\_\_  
SIGNATURE

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the Notary for said Commonwealth and County, personally appeared, \_\_\_\_\_, known to me (or Satisfactory proven) to be the person whose name is subscribed to the statement, and Acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC SIGNATURE*

My Commission Expires:\_\_\_\_\_



# EXHIBIT “B”

*(Character Witness Reference - Part 3 of 5)*

I, \_\_\_\_\_, the undersigned hereby certify that I have personally known the Petitioner/Applicant, \_\_\_\_\_, for at least five (5) years prior to this date; that I have read the foregoing Application/Petition and believe each of the statements made therein to be true; that the Petitioner/Applicant is honest, of good character, and competent; that I am not related to the Petitioner/Applicant nor with him or her by blood or marriage.

\_\_\_\_\_  
SIGNATURE

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the Notary for said Commonwealth and County, personally appeared, \_\_\_\_\_, known to me (or Satisfactory proven) to be the person whose name is subscribed to the statement, and Acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC SIGNATURE*

My Commission Expires:\_\_\_\_\_

# EXHIBIT “B”

*(Character Witness Reference - Part 4 of 5)*

I, \_\_\_\_\_, the undersigned hereby certify that I have personally known the Petitioner/Applicant, \_\_\_\_\_, for at least five (5) years prior to this date; that I have read the foregoing application/petition and believe each of the statements made therein to be true; that the applicant is honest, of good character, and competent; that I am not related to the Petitioner/Applicant nor with him or her by blood or marriage.

\_\_\_\_\_  
SIGNATURE

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the Notary for said Commonwealth and County, personally appeared, \_\_\_\_\_, known to me (or Satisfactory proven) to be the person whose name is subscribed to the statement, and Acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC SIGNATURE*

My Commission Expires:\_\_\_\_\_

# EXHIBIT “B”

*(Character Witness Reference - Part 5 of 5)*

I, \_\_\_\_\_, the undersigned hereby certify that I have personally known the Petitioner/Applicant, \_\_\_\_\_, for at least five (5) years prior to this date; that I have read the foregoing Application/Petition and believe each of the statements made therein to be true; that the Petitioner/Applicant is honest, of good character, and competent; that I am not related to the Petitioner/Applicant nor with him or her by blood or marriage.

\_\_\_\_\_  
SIGNATURE

ON THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the Notary for said Commonwealth and County, personally appeared, \_\_\_\_\_, known to me (or Satisfactory proven) to be the person whose name is subscribed to the statement, and Acknowledge that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have here unto set my official seal.

{SEAL}

\_\_\_\_\_  
*NOTARY PUBLIC SIGNATURE*

My Commission Expires:\_\_\_\_\_

# EXHIBIT “C”

*(Two Photographs of Petitioner/Applicant attached)*

# EXHIBIT “D”

*(Two Fingerprint Cards of Petitioner/Applicant attached)*



Commonwealth of Pennsylvania  
Municipal Court  
County of Philadelphia  
1<sup>st</sup> Judicial District

**ORDER GRANTING/DENYING MOTION**

In Re: \_\_\_\_\_

Philadelphia County Clerk of Courts  
C/O Clerk, Bail Acceptance  
CJC 1301 Filbert Street, B-1  
Philadelphia, PA 19107  
PH: 215-683-7004

Docket #: CP-51-MD-\_\_\_\_\_, \_\_\_\_

**ORDER GRANTING PRIVATE DETECTIVE LICENSE**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, after consideration of the petition for private detective license by the Defendant it is ORDERED that the petition for private detective license is \_\_\_\_\_.

Petition for Private Detective License \_\_\_\_\_.

BY THE COURT:

\_\_\_\_\_  
Date

\_\_\_\_\_  
, J.

**SECTION I**  
**PETITIONER/APPLICANT INFORMATION**  
*(Complete ONLY if Petitioner/Applicant is a United States Citizen)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ AGE \_\_\_\_\_

CITY, STATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

**SECTION II**  
**PETITIONER/APPLICANT**  
**DRIVER'S LICENSE AND VEHICLE INFORMATION**

OPERATOR NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

VEHICLE YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOR \_\_\_\_\_ TAG \_\_\_\_\_ STATE \_\_\_\_\_



**SECTION III**  
**PETITIONER/APPLICANT MILITARY INFORMATION**

BRANCH OF MILITARY \_\_\_\_\_

TIME OF SERVICE \_\_\_\_\_

DD-214 \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

IF **“DISHONORABLE”** PLEASE EXPLAIN THE CIRCUMSTANCES ON A SEPARATE SHEET.

**SECTION IV  
PETITIONER/APPLICANT  
BUSINESS INFORMATION**

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_

**SECTION V**  
**PETITIONER/APPLICANT**  
**FIREARMS INFORMATION**

*(Describe Weapon to be Carried in the Course of Business)*

MAKE OF WEAPON \_\_\_\_\_ MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

REVOLVER OR \_\_\_\_\_

CALIBER \_\_\_\_\_

PERMIT TO CARRY \_\_\_\_\_

ISSUING STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

ACT #235 CERTIFICATION NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**SECTION VI  
PETITIONER/APPLICANT  
CRIMINAL HISTORY**

A CONVICTION FOR A CRIME OF VIOLENCE **SHALL BE** A DISQUALIFYING CRIMINAL OFFENSE; A CONVICTION FOR ANY OTHER CRIME **MAY BE** A DISQUALIFYING CRIMINAL OFFENSE.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

IF YES, PROVIDE COMPLETE EXPLANATION OF CIRCUMSTANCES ON A SEPARATE SHEET OF PAPER, INCLUDING ALL CHARGE & DISPOSITIONS.

NAME \_\_\_\_\_ (*Print Name*)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_