

**INDIVIDUAL PRIVATE DETECTIVE LICENSE  
RENEWAL FORM**

County of: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month      Day      Year      Last      First      Middle Initial

Date current license issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Date of Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year      Month      Day      Year

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Branch Office(s) Address(es): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested or convicted of a criminal offense in this or any other state?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, give details on separate sheet)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to penalties prescribed by 18 Pa.C.S.A. Sec. 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, 1953, P.L. 1273, Sec. 1, as amended, and warrant this application is in compliance with the provisions of the Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For use by County _____	
Criminal records check: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> NCIC  <input type="checkbox"/> Check if conviction found  <input type="checkbox"/> Fee Paid	<input type="checkbox"/> License Renewal Approved  Date License Renewed _____ New License Expiration Date _____  <input type="checkbox"/> License Renewal <b>Not Approved</b> Date submitted to Court for hearing _____ Signature _____ <div style="text-align: right;">Clerk of Courts</div>