**INDIVIDUAL PRIVATE DETECTIVE LICENSE RENEWAL FORM**

County of: _____

Applicant's Name: _____
Last First Middle Initial

Date of Birth: _____ / _____ / _____ (Month Day Year)

Social Security Number: _____- _____- _____

Date current license issued: _____ / _____ / _____ (Month Day Year)

Date of Expiration: _____ / _____ / _____ (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:
- ☐ County
- ☐ State
- ☐ NCIC

☐ Check if conviction found

☐ Fee Paid

☐ License Renewal Approved

Date License Renewed _____
New License Expiration Date _____

☐ License Renewal **Not Approved**
Date submitted to Court for hearing _____

Signature _____
Clerk of Courts