PROCEDURE FOR RENEWING PRIVATE DETECTIVE LICENSE:
CORPORATE LICENSE

1. There is a NON-REFUNDABLE filing fee of $29.75 payable by cash or credit card only. WE DO NOT ACCEPT PERSONAL CHECKS OR AMERICAN EXPRESS.

2. Application must be signed and verified by individual or each individual composing partnership. NOTE: The addition of new partners or officers must apply as a new applicant.

3. Two (2) passport photos (2" x 2") must be submitted with the renewal application form(s)

4. Upon approval of license from the County Detectives and the District Attorney’s Office, the Clerk of Courts requires the following:
   a. Payment of $750.00 for Corporation
   b. Bond in the amount of $10,000.00

5. An individual petition is required for the principal location and each branch location

If you have any questions please contact the office @ 610.278.3346
Name of Partnership, Association or Corporation:

Federal Identification No:

Address of Principal Place of Business:

Branch Office(es) Address(es): (Attach a separate sheet for additional offices.)

On a separate sheet state the Name, Address, Date of Birth and Social Security Number of each individual composing the partnership, association or corporation.

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)

Date current license issued:    /    /    Date of Expiration:    /    /    

Month    Day    Year    Month    Day    Year

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 by 18 Pa.C.S.A. Sec. 4904, unwarranted 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 that this application is in compliance with the provisions of the Act.

(Attach separate sheet for additional signatures.)

Signature    Date

Signature    Date

Signature    Date

Signature    Date

For use by County

☐ License Renewal Approved

Date License Renewed:

New License Expiration Date:

☐ License Renewal Not Approved

Date submitted to Court for hearing

Signature

Clerk of Courts
VITAL STATISTICS

1. NAME

   ______________________________________________________

2. CURRENT ADDRESS

   ______________________________________________________

   ______________________________________________________

3. PHONE NUMBER

   ______________________________________________________

4. EMAIL ADDRESS

   ______________________________________________________

5. SOCIAL SECURITY #

   ______________________________________________________

6. DATE OF BIRTH

   ______________________________________________________

7. WEIGHT

   ______________________

8. HEIGHT

   ______________________

9. HAIR COLOR

   ______________________

10. EYE COLOR

    ______________________

11. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATTOOS, ETC.) ____________________