PROCEDURE FOR RENEWING PRIVATE DETECTIVE LICENSE: INDIVIDUAL 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. NOTE: Individuals changing to a partnership, association or corporation 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 $500.00 for Individuals
   b. Bond in the amount of $10,000.00

If you have any questions please contact the office @ 610.278.3346
INDIVIDUAL PRIVATE DETECTIVE LICENSE
RENEWAL FORM

County of Montgomery

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, unworn falsifications to authorities. By signing this affirmation the undersigned further certifies that they are 
familiar with the Private Detective Act of August 21, 1853, 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

CPOMS 2023

Printed: 08/12/2013 1:23:20PM
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.) __________________________