Partnership, Association or Corporation Private Detective License Renewal Form

Name of Partnership, Association or Corporation

Federal Identification No.

Address of Principal Place of Business:

Phone number:

Branch office(s) address(es): (Attach separate sheet for additional offices.)

Phone number:

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 separate sheet.)

Date current license issued: ______/______/______ Date of expiration ______/______/______

The undersigned hereby affirm 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, forsworn 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. 1272, 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

Criminal records check

□ County

□ State

□ NOC

□ Check if conviction found

□ License renewal Approved

Date License Renewed: ______/______/______ New License expiration date: ______/______/______

□ License renewal not Approved

Date submitted to Court for hearing: ______/______/______

Signature