

# Individual Private Detective License Renewal Form

County of Lancaster

Applicant's

Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Month Day Year

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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 that this application is in compliance with the provisions of the Act.*

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

## For use by County

<p>Criminal records check:</p> <p><input type="checkbox"/> County</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> NCIC</p> <p><input type="checkbox"/> Check if conviction found</p> <p><input type="checkbox"/> Fee Paid _____</p>	<p><input type="checkbox"/> License renewal approved</p> <p>Date license renewed _____</p> <p>New license expiration date _____</p> <p><input type="checkbox"/> License renewal Not Approved</p> <p>Date submitted to Court for hearing _____</p> <p>Signature _____</p> <p>Clerk of Courts</p>
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