

Partnership, Association or Corporation Private Detective License Renewal Form

County of Lancaster

Name of Partnership,
Association or Corporation: _____

Federal Identification No: _____

Address of Principal Place of Business & Phone Number:

Branch Office(s) Address(es) & Phone Number: (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: _____ / _____ / _____
Month Day Year

Date of Expiration: _____ / _____ / _____
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, 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.

(Attach separate sheet for additional signatures.)

Signature Date

Signature Date

Signature Date

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