

Partnership, Association or Corporation Private Detective License Renewal Form

County Of DAUPHIN

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 _____ / _____ / _____
month day year month day year

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, 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

<input type="checkbox"/> Criminal records check: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> NCIC <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Check if conviction found </div>	<input type="checkbox"/> License renewal Approved Date License Renewed: _____ New License expiration date: _____ <input type="checkbox"/> License renewal Not Approved Date submitted to Court for hearing: _____ Signature: _____
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