

Individual Private Detective License Renewal Form

County Of DAUPHIN

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: _____

Phone number: _____

Branch office(s) address(es): _____

Phone number: _____

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

<input type="checkbox"/> Criminal records check:	<input type="checkbox"/> License renewal <i>Approved</i>
<input type="checkbox"/> County	Date License Renewed: _____
<input type="checkbox"/> State	New license expiration date: _____
<input type="checkbox"/> NCIC	<input type="checkbox"/> License renewal <i>Not Approved</i>
<input type="checkbox"/> Check if conviction found	Date submitted to Court for hearing: _____