**INDIVIDUAL PRIVATE DETECTIVE LICENSE RENEWAL FORM**

**County of Erie**

Applicant's Name: _____
*Last* *First* *Middle Initial*

Date of Birth: _____/ _____/ _____ Social Security Number: _____- _____- _____
*Month* *Day* *Year*

Date current license issued: _____/ _____/ _____ Date of Expiration: _____/ _____/ _____
*Month* *Day* *Year* *Month* *Day* *Year*

Residence Address: _____
_____
_____

Business Address: _____
_____
_____

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

Signature: _____ Date: _____

For use by County _____

Criminal records check:
- ☐ County
- ☐ State
- ☐ NCIC

☐ Check if conviction found

☐ Fee Paid
☐ Proof of Surety Bond

☐ License Renewal Approved

Date License Renewed _____
New License Expiration Date _____

☐ License Renewal **Not Approved**
Date submitted to Court for hearing _____

Signature _____
*Clerk of Courts*