

**MONTGOMERY COUNTY
BOARD OF COMMISSIONERS**

VALERIE A. ARKOOSH, MD, MPH, CHAIR
KENNETH E. LAWRENCE, JR., VICE CHAIR
JOSEPH C. GALE, COMMISSIONER



CLERK OF COURTS

MONTGOMERY COUNTY COURTHOUSE • PO Box 311
NORRISTOWN, PA 19404-0311

610-278-3346
FAX: 610-292-2153
WWW.MONTCOPA.ORG

LORI SCHREIBER
CLERK OF COURTS

JIMMY DIPLACIDO
FIRST DEPUTY

NADINE DEANGELIS
ASSISTANT DEPUTY

MELISSA JENKINS
ASSISTANT DEPUTY

**PROCEDURE FOR RENEWING PRIVATE DETECTIVE LICENSE:
CORPORATE LICENSE**

1. There is a NON-REFUNDABLE filing fee of \$ 29.75 payable by cash or credit card only. WE DO NOT ACCEPT PERSONAL CHECKS OR AMERICAN EXPRESS.
2. Application must be signed and verified by individual or each individual composing partnership. NOTE: The addition of new partners or officers must apply as a new applicant.
3. Two (2) passport photos (2" x 2") must be submitted with the renewal application form(s)
4. Upon approval of license from the County Detectives and the District Attorney's Office, the Clerk of Courts requires the following:
 - a. Payment of \$750.00 for Corporation
 - b. Bond in the amount of \$10,000.00
5. An individual petition is required for the principal location and each branch location

If you have any questions please contact the office @ 610.278.3346

Partnership, Association or Corporation Private Detective License Renewal Form

County of Montgomery

Name of Partnership,
Association or Corporation: _____

Federal Identification No: _____

Address of Principal Place of Business:

Branch Office(s) Address(es): (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: _____ / _____ / _____ Date of Expiration: _____ / _____ / _____
Month Day Year 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

<p>Criminal records check: <input type="checkbox"/> County <input type="checkbox"/> State <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 Date License Renewed .. _____ New License Expiration Date _____</p> <p><input type="checkbox"/> License Renewal Not Approved Date submitted to Court for hearing _____</p> <p>Signature _____ Clerk of Courts</p>
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VITAL STATISTICS

1. NAME _____

2. CURRENT ADDRESS _____

3. PHONE NUMBER _____

4. EMAIL ADDRESS _____

5. SOCIAL SECURITY # _____

6. DATE OF BIRTH _____

7. WEIGHT _____

8. HEIGHT _____

9. HAIR COLOR _____

10. EYE COLOR _____

11. SPECIAL PHYSICAL CHARACTERISTICS (SCARS, TATOOS, ETC.) _____
