

**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: INDIVIDUAL 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. NOTE: Individuals changing to a partnership, association or corporation 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 \$500.00 for Individuals
 - b. Bond in the amount of \$10,000.00

If you have any questions please contact the office @ 610.278.3346

**INDIVIDUAL PRIVATE DETECTIVE LICENSE
RENEWAL FORM**

County of Montgomery

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