

PRIVATE DETECTIVE LICENSE

RENEWAL FORM

COUNTY OF WESTMORELAND

NAME:

LAST

FIRST

MIDDLE INITIAL

DATE OF BIRTH

HOME PHONE NUMBER:

BUSINESS PHONE NUMBER:

CELL PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

RESIDENCE ADDRESS:

BUSINESS ADDRESS:

LIST **ALL** BRANCH OFFICES

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIMINAL OFFENSE IN THIS OR ANY OTHER STATE?

NO

YES (IF YES, GIVE DETAIL ON A 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 make 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 Westmoreland County

CRIMINAL RECORDS CHECK:

- COUNTY
- STATE
- NCIC

Check if Conviction found

FEE PAID: _____

LICENSE RENEWAL APPROVED

DATE LICENSE RENEWED: _____

NEW LICENSE EXPIRATION DATE: _____

LICENSE RENEWAL NOT APPROVED

DATE SUBMITTED TO COURT FOR HEARING: _____

SIGNATURE: _____

CLERK OF COURTS