



## COUNTY OF MONTGOMERY

COURT HOUSE  
PO BOX 311  
NORRISTOWN, PENNSYLVANIA  
19404-0311

## OFFICE OF CLERK OF COURTS

CLERK OF COURTS  
**LORI SCHREIBER**

FIRST DEPUTY  
**JIMMY DIPLACIDO.**

SECOND DEPUTY/ADMIN. ASST.  
**LINDA SULOCK**

(610) 278-3346  
FAX (610) 278-5188

### 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 _____	
<b>Criminal records check:</b> <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> NCIC  <input type="checkbox"/> Check if conviction found  <input type="checkbox"/> Fee Paid	<input type="checkbox"/> License Renewal Approved  Date License Renewed _____ New License Expiration Date _____  <input type="checkbox"/> License Renewal <b>Not Approved</b> Date submitted to Court for hearing _____  Signature _____ <p style="text-align: right;">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, TATTOOS, ETC.) \_\_\_\_\_  
\_\_\_\_\_