



COUNTY OF NORTHAMPTON

COURT OF COMMON PLEAS

CRIMINAL DIVISION
669 WASHINGTON STREET
EASTON, PENNSYLVANIA 18042-3637
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LEIGH ANN FISHER
CLERK OF COURTS – CRIMINAL

REQUIREMENTS FOR A PRIVATE DETECTIVE LICENSE

(Private Detective Act of 1953)

QUALIFICATIONS

- All applicants must be at least twenty-five (25) years of age.
- All applicants must meet one of the following qualifications:
 - 1) Must have been a member of the US government investigative service; or
 - 2) A Sheriff; or
 - 3) A member of the Pennsylvania State Police; or
 - 4) Regularly employed as a detective; or
 - 5) A member of a Municipal Police Department of a rank or grade higher than that of a Patrolman for a period of not less than three (3) years.
- No applicant who is a holder of an employment agency license may be licensed under this act.
- No ACTIVE LAW ENFORCEMENT OFFICER OR INVESTIGATOR of any Federal, State, County, or Municipal Police Agency may hold a Private Detective License or work for a Private Detective Agency.
- Any applicant who has been convicted of any FELONY or any of the following offenses fails to qualify for a license:
 - Illegal use, carrying or possessing a pistol or other dangerous weapon;
 - Making or possessing burglar's instruments;
 - Buying or receiving stolen property;
 - Unlawful entry of a building;
 - Aiding escape from prison;
 - Possession or delivery of a controlled substance;
 - Picking pockets or attempting to do so;
 - Soliciting any person to commit sodomy or other lewdness;
 - Recklessly endangering another person;
 - Making terroristic threats; or
 - Committing simple assault.

APPLICATION PROCEDURE FOR A PRIVATE DETECTIVE LICENSE

1. Any person desiring to pursue the "PRIVATE DETECTIVE BUSINESS" shall file an application with the Criminal Division, Northampton County (individual or partnership), also Rule to Show Cause and an Order of Court. Application to be filed where the principal office is located.
2. All officers and/or directors listed on corporation papers must submit an application. The qualifier for a corporation license must be an officer and/or director of the corporation.

3. Every such applicant shall satisfactorily establish to the Court of Quarter Sessions, Northampton County, Easton, PA, and by at least two (2) duly acknowledged certificates that such applicant, if he/she be an individual or at least one (1) member of a partnership, association, or corporation, shall have been a member of the US Government Investigative Service, Sheriff, a member of the Pennsylvania State Police, an investigator, or a member of a Municipal Police Department of a rank or grade higher than that of a patrolman FOR A PERIOD OF NOT LESS THAN THREE (3) YEARS.
4. If the applicant will carry a lethal weapon as an incident of employment, proof of a current and valid certification under the "Lethal Weapons Training Act" must be submitted to the Court.
5. Fingerprint cards furnished by the Northampton County Criminal Division and printed by a police agency shall be submitted to the Criminal Court with a money order in the amount of \$17.50 payable to COMMONWEALTH OF PA. Which is non-refundable. This fee is required by the Pennsylvania State Police Central Repository in order to process the fingerprint card. The Clerk of Courts will forward the fingerprint card along with the required fee to the Pennsylvania State Police for a criminal record check.
6. Passport-size photos must be submitted. Polaroids are acceptable. No hats should be worn. Pictures should be with a light background and as recent as thirty (30) days.
7. All applicants must submit with their application the statements of not less than five (5) reputable citizens in accordance with Section 4 of the "Private Detective Act of 1953." Any citizen related by blood or marriage does *NOT* qualify. **ALL STATEMENTS MUST BE NOTARIZED.**
8. Affirmation in support of answers to experience qualifications forms must be completed by present or former employer where the experience was obtained by the qualifying officer. If obtained with more than one employer, a separate form must be submitted for each employer.
9. The applicant shall ensure that the Rule to Show Cause and Scheduling Order is published once a week, for two (2) successive weeks, in the Northampton County Reporter and in one newspaper of general circulation published in Northampton County. The last advertisement to appear not less than three (3) days prior to the hearing.
10. Completed application must be notarized, as well as the five (5) vouchers of reputable citizens of the community in which the applicant resides or works.
11. After approval by the Court of the application/petition, the applicant shall file the Order of Court with the Clerk of Courts – Criminal Division and pay the appropriate license fee. Any individual who qualifies for a license under the "Private Detective Act of 1953" must pay a license fee of two hundred and thirty dollars (\$230.00) (\$115.00 for each year with an initial license issued for two (2) years). Any applicant who qualifies for such license and is part of a partnership, association, or corporation must pay a license fee of three hundred and forty-five dollars (\$345.00) (\$172.50 for each year with an initial license issued for two (2) years). In addition, the applicant must post a corporate bond in the amount of ten thousand dollars (\$10,000.00) in accordance with the "Private Detective Act of 1953" prior to the issuance of the license certificate.
12. If the principal place of business in Northampton County opens a branch office anywhere else (even out of the county), they must file a separate application in Northampton County for the branch office and a separate fee for each "satellite" office must be paid. One separate application for each office, one separate fee for each office.

RESPONSIBILITIES FOLLOWING ISSUANCE OF A LICENSE

All original licenses granted shall be issued for a period of two (2) years and all renewal requests must comply with the requirements of the "Private Detective Act of 1953."

All holders of a license or employer of such holder shall not violate any of the provisions of the "Private Detective Act of 1953."

If the holder of an unexpired license certificate shall move the bureau, agency, sub-agency, office or branch to a place other than that described in the license certificate they shall, within twenty-four (24) hours of the move, give written notice to the Clerk of Courts – Criminal Division, in accordance with Section 10 of the “Private Detective Act of 1953.”

The holder of any license certificate issued pursuant to the Private Detective Act may employ, in accordance with Section 13 of the Act, to assist them in their work and shall at all times during such employment be legally responsible for the good conduct in the business of each and every person so employed. No holder of any unexpired license certificate shall knowingly employ a person who has been convicted of a felony or of any other offense as specified in the Act; or any person whose private detective or investigator’s license was revoked or application for such license was denied by the Court or by the authority of any other state or territory for conviction of any of the crimes or offenses specified in this section. Any holder of a license certificate shall, prior to the employment of any individual, execute a verified statement hereinafter known as “employee’s statement” and which fulfills the requirements of Section 13 (b) of the “Private Detective Act of 1953.” Upon verification of an “employee’s statement,” the holder of a license certificate shall cause two (2) sets of fingerprints of such individual to be recorded. A copy of the “employee’s statement” and one (1) set of the fingerprints shall be filed at the Clerk of Courts – Criminal Division. *A check in the amount of \$17.50 made payable to the “Commonwealth of Pennsylvania”* is required by the Pennsylvania State Police Central Repository in order to process the fingerprint card. The Clerk of Courts will forward the fingerprint card to the Pennsylvania State Police for a criminal record check. The Clerk will notify the licensee of the response received from the Pennsylvania State Police. If the employee will carry a lethal weapon as an incident of employment, proof of a current and valid certification under the “Lethal Weapons Training Act” must be submitted with the “employee’s statement” to the Clerk of Courts – Criminal Division.

Northampton County
APPLICATION FOR PRIVATE DETECTIVE LICENSE

Name: (Last, First, MI) _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Agency Name/Trade Name: _____

Present/Proposed Address: _____

County: _____ State: _____ Zip Code: _____

Home Phone #: _____ Agency Phone #: _____

INSTRUCTIONS: This application must be executed by the applicant for an Individual Private Detective License, each partner of a Partnership License, and all officer and directors applying for a Corporation License. Answer every question – leave no blank spaces – if a question does not apply to you, so state. An applicant will be rejected who has intentionally made a false statement of a material fact or practices or attempts to practice any deception or fraud in this application, or in securing eligibility for a license. All entries must be printed legibly in block letters. Entries must be in either blue or black ink. If space available for answering any question is insufficient, use the enclosed continuation page, and a separate piece of paper, if necessary, attach it to the corresponding page and precede each answer with the number of the question being answered. Any person who shall knowingly state any fact falsely shall be guilty of a misdemeanor.

IMPORTANT NOTE
QUALIFYING AGENT

The Private Detective Act of Pennsylvania

“No license shall be issued to a person under the age of 25 years, nor to any person, firm, association or corporation unless such a person or least one member of the firm and one officer or director of the association or corporation has had at least 3 years’ experience as an investigator or as a police officer with an organized police department of the state or a county or municipality thereof, or with an investigative agency of the United States of America or any state, county or municipality thereof.”

No application will be processed unless one applicant of each entity meets the 3 years investigative or police experience defined.

Northampton County

APPLICATION FOR PRIVATE DETECTIVE LICENSE

- Individual License
- Partnership as Qualifier
- Partnership as a Non-Qualifier
- Corporation License as Qualifier
- Corporation License as Corporate Officer
- New Qualifier for existing Partnership License
- New Non-Qualifier of existing Corporation License
- New Qualifier for existing Corporation License
- New Corporate Officer for existing Corporation License

All Partnership or Corporation Applications must be submitted at the same time as one entry. The applicant must list the Name, Address, Date of Birth, and Social Security Number of each proposed or present partner, or each proposed or present corporate officer.

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

Name: _____ Address: _____ % Interest in Company: _____

VOUCHER

The voucher is required to read carefully all statements made by the applicant before signing. Then the voucher portion of the form will be completed by the voucher and signature affixed.

I, _____, the undersigned voucher, being a reputable citizen of the United States and a resident of the County of _____ in the State of _____, declare that I am not related in any way to the applicant, I am over eighteen (18) years of age, that I have personally know the applicant for at least five (5) years, that I have read the whole of the foregoing application, and believe all the statements therein to be true. Further, knowing the aforesaid applicant and believing him to be of good character, competency, and integrity, do hereby approve of said application and recommend that the private detective license be issued. I will upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED WITH CONFIDENTIALITY

VOUCHER ONE
(Please Print)

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____

Business Phone: _____

Date of Birth: _____

Present Date: _____

Occupation/Title: _____

Employer: _____

Signature: _____

Applicant, Please Initial: _____

VOUCHER

The voucher is required to read carefully all statements made by the applicant before signing. Then the voucher portion of the form will be completed by the voucher and signature affixed.

I, _____, the undersigned voucher, being a reputable citizen of the United States and a resident of the County of _____ in the State of _____, declare that I am not related in any way to the applicant, I am over eighteen (18) years of age, that I have personally know the applicant for at least five (5) years, that I have read the whole of the foregoing application, and believe all the statements therein to be true. Further, knowing the aforesaid applicant and believing him to be of good character, competency, and integrity, do hereby approve of said application and recommend that the private detective license be issued. I will upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED WITH CONFIDENTIALITY

VOUCHER TWO
(Please Print)

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____	Business Phone: _____
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Date of Birth: _____	Present Date: _____
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Occupation/Title: _____	Employer: _____
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Signature: _____

Applicant, Please Initial: _____

VOUCHER

The voucher is required to read carefully all statements made by the applicant before signing. Then the voucher portion of the form will be completed by the voucher and signature affixed.

I, _____, the undersigned voucher, being a reputable citizen of the United States and a resident of the County of _____ in the State of _____, declare that I am not related in any way to the applicant, I am over eighteen (18) years of age, that I have personally know the applicant for at least five (5) years, that I have read the whole of the foregoing application, and believe all the statements therein to be true. Further, knowing the aforesaid applicant and believing him to be of good character, competency, and integrity, do hereby approve of said application and recommend that the private detective license be issued. I will upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED WITH CONFIDENTIALITY

VOUCHER THREE
(Please Print)

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____

Business Phone: _____

Date of Birth: _____

Present Date: _____

Occupation/Title: _____

Employer: _____

Signature: _____

Applicant, Please Initial: _____

NORTHAMPTON COUNTY

APPLICATION FOR PRIVATE DETECTIVE LICENSE

NOTICE

THIS APPLICATION MUST BE FILLED OUT FOR THE OFFICE OF
COUNTY DETECTIVES IN ADDITION TO WHAT MIGHT BE REQUIRED
BY THE OFFICE OF THE CLERK OF COURTS.

Last Name: _____ First: _____ MI: _____

Alias: _____

Place of Birth: _____ County: _____ State: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye: _____ Hair: _____ Race: _____

SS#: _____ DL#: _____ State: _____ Exp: _____

List residences since age 18:

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

From: _____ To: _____ Address: _____

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From: _____ To: _____ Address: _____

VOUCHER

The voucher is required to read carefully all statements made by the applicant before signing. Then the voucher portion of the form will be completed by the voucher and signature affixed.

I, _____, the undersigned voucher, being a reputable citizen of the United States and a resident of the County of _____ in the State of _____, declare that I am not related in any way to the applicant, I am over eighteen (18) years of age, that I have personally know the applicant for at least five (5) years, that I have read the whole of the foregoing application, and believe all the statements therein to be true. Further, knowing the aforesaid applicant and believing him to be of good character, competency, and integrity, do hereby approve of said application and recommend that the private detective license be issued. I will upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED WITH CONFIDENTIALITY

VOUCHER FOUR
(Please Print)

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____	Business Phone: _____
Date of Birth: _____	Present Date: _____
Occupation/Title: _____	Employer: _____

Signature: _____

Applicant, Please Initial: _____

VOUCHER

The voucher is required to read carefully all statements made by the applicant before signing. Then the voucher portion of the form will be completed by the voucher and signature affixed.

I, _____, the undersigned voucher, being a reputable citizen of the United States and a resident of the County of _____ in the State of _____, declare that I am not related in any way to the applicant, I am over eighteen (18) years of age, that I have personally know the applicant for at least five (5) years, that I have read the whole of the foregoing application, and believe all the statements therein to be true. Further, knowing the aforesaid applicant and believing him to be of good character, competency, and integrity, do hereby approve of said application and recommend that the private detective license be issued. I will upon request, give further facts concerning the applicant as I may possess.

ALL INFORMATION WILL BE TREATED WITH CONFIDENTIALITY

VOUCHER FIVE
(Please Print)

Name: _____

Address: _____

City, State: _____

Zip Code: _____

Home Phone: _____	Business Phone: _____
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Date of Birth: _____	Present Date: _____
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Occupation/Title: _____	Employer: _____
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Signature: _____

Applicant, Please Initial: _____

List of Employment since Age 18
Current or Most Recent First
Length of Employment with Each Required

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Employer: _____
Address: _____
Telephone: _____ Supervisor's Name: _____
From: _____ To: _____

Have you ever held or applied for a Private Detective License in this or any other state, territory, or country?

YES

NO

Have you ever been denied a Private Detective License in this or any other state, territory, or country?

YES

NO

Have you ever had a Private Detective License revoked, suspended, or not renewed in this state or any other?

YES

NO

Have you ever been attended, treated, or observed by any doctor, psychiatrist, or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric condition?

YES

NO

If the answer is yes, give name, location, psychiatrist's name, hospital, and/or institution: _____

List all violations of the Disorderly Persons Law and the Criminal Laws of this state or any jurisdiction of which you have been convicted.

Date:	Violation:	Location:	Disposition:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARRIMATION IN SUPPORT OF ANSWERS TO EXPERIENCE QUALIFICATIONS

I, _____ of (Business Name and Address) _____

subscribe and affirm that _____, the individual described in and who signed the foregoing application, has been employed for a period of not less than _____ in the following capacity:

- (a) Investigator;
- (b) Police Officer with an organized Police Department of the State or a county or municipality thereof;
- (c) With an Investigative Agency of the United States of America or any state, county or municipality thereof.

And worked:

_____ hours per day, _____ days per week, _____ weeks per year.

Other: _____

The applicant has been remunerated:

- (a) Hourly at \$_____ per hour
 - (b) The applicant has been salaried at \$_____
- Week _____ Biweekly _____ Other _____
- If other, please specify: _____

Set forth in detail a description of work or services rendered:

Reason for termination of employment:

I affirm, under the penalties of perjury, that this declaration is true and correct to the best of my knowledge and belief. Any misstatement of fact may be punishable by law.

Signature: _____

STATE OF PENNSYLVANIA

County of _____

I, _____, being duly sworn, depose, and say I am the above-named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every statement is full, true, and correct in every respect. I further solemnly swear that this application was reviewed with each of the five listed vouchers before they signed this application.

Applicant's Signature: _____

Sworn to be before me this

_____ day of _____, 20_____