

# Applicant Transmittal Form - Prepaid (Cash)

JUS 203 (orig. 9/96;rev. 10/07)

Employment/Licensing/Certifications-General	Number of Applicants	Fee	Total Due	DOJ USE ONLY					
				\$ -	Trans	Fund	POE Code: _____		
State Level		\$32			101	017	Trans	Count	Total\$
Federal Level		\$19			111	017	029		
Federal Level Volunteer		\$15			181	017	061		
<b>Social Services</b>				32-	101	017	101		
State Level - Electronic		\$42		10-	613	017	105		
State Level - Hard Card		\$52		20-	167	017	108		
Federal Level		\$19			111	017	111		
Federal Level Volunteer		\$15			181	017	143		
<b>Child Abuse Index</b>							148		
Trustline		\$15			148	566	150		
Licensing (Lic 198/a)		\$15			148	142	155		
Adoptions (BCIA 4066)		\$15			610	142	161		
<b>Peace Officer</b>				32-	101	017	167		
		\$51		19-	155	460	168		
<b>CCW Initial Permit</b>				32-	101	017	171		
				19-	111	017	172		
90 Day Employment		\$73		22-	172	460	173		
<b>CCW Renewal Permit</b>				8-	105	017	176		
90 Day Employment		\$30		22-	173	460	181		
<b>Secondhand Dealer License</b>							610		
Initial License		\$195			029	001	613		
Renewal License		\$10			061	001	624		
Fingerprint Cards		\$32			101	017			
<b>POST Certification</b>				32-	101	017			
License - State Level		\$51		19-	176	017			
License - Federal Level		\$19			111	017			
<b>Trustline Applications</b>				32-	101	017			
		\$90		58-	161	019			
<b>Bureau of Security/Inv Svcs</b>									
License (State Level)		\$32			101	017			
Licensing with Firearm:				32-	101	017	TOTAL		
				19-	111	017	Comments		
* Initial Application		\$89		38-	168	460			
* Renewal Application		\$38		38-	168	460			
<b>Fingerprint Roller Certification</b>				32-	101	017			
				19-	111	017			
		\$76		25-	171	017			
Certification Fee		\$25			171	017			
<b>Record Review</b>		\$25			108	017			
<b>Visa/Immigration</b>		\$32			101	017			
<b>Fingerprint Rolling</b>		\$10			143	017			
<b>Sub-Arrest Notification Transfer</b>		\$10			624	017			
<b>Foreign Adoptions</b>		\$25			672	017			

See reverse for mailing address.

Do not include a count for fee exempt prints on this form.

ATTACH A LIST OF NAMES FOR BACKUP.

Subtotal: \$ \_\_\_\_\_  
 Adjustment: \$ \_\_\_\_\_  
 Grand Total: \$ \_\_\_\_\_

No. of Reprints: \_\_\_\_\_

Sup. Initial

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the above information is correct.

City \_\_\_\_\_

Phone \_\_\_\_\_