

Applicant Transmittal Form - Prepaid (Cash)

JUS 203 (orig. 9/96;rev. 03/12)

Employment/Licensing/Certifications-General	Number of Applicants	Fee	Total Due	DOJ USE ONLY			POE Code: _____		
				\$ -	Trans	Fund	Trans	Count	Total\$
State Level		\$32		101	017				
Federal Level		\$17		111	017	029			
Federal Level Volunteer		\$15		181	017	061			
Social Services				32-	101	017	101		
State Level - Electronic		\$42		10-	613	017	105		
State Level - Hard Card		\$52		20-	167	017	108		
Federal Level		\$17		111	017	111			
Federal Level Volunteer		\$15		181	017	143			
Child Abuse Index							148		
Trustline		\$15		148	566	150			
Licensing (Lic 198/a)		\$15		148	142	155			
Retired Peace Officer CCW		\$68		17	111	017	161		
Peace Officer				32-	101	017	167		
		\$51		19-	155	460	168		
CCW Initial Permit				32-	101	017	171		
				19-	111	017	172		
90 Day Employment		\$71		22-	172	460	173		
CCW Renewal Permit				8-	105	017	176		
90 Day Employment		\$30		22-	173	460	181		
Secondhand Dealer License							610		
Initial License		\$195		029	001	613			
Renewal License		\$10		061	001	624			
Fingerprint Cards		\$32		101	017				
POST Certification				32-	101	017			
License - State Level		\$49		19-	176	017			
License - Federal Level		\$17		111	017				
Trustline Applications				32-	101	017			
		\$90		58-	161	019			
Bureau of Security/Inv Svcs									
License (State Level)		\$32		101	017				
Licensing with Firearm:				32-	101	017	TOTAL		
* Initial Application		\$87		17-	111	017	Comments		
* Renewal Application		\$38		38-	168	460			
				38-	168	460			
Fingerprint Roller Certification				32-	101	017			
		\$74		17-	111	017			
Certification Fee		\$25		25-	171	017			
Record Review		\$25		108	017				
Visa/Immigration		\$32		101	017				
Fingerprint Rolling		\$10		143	017				
Sub-Arrest Notification Transfer		\$10		624	017				
Foreign Adoptions		\$25		624	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 _____

City _____

Phone _____

Authorized Signature _____ Date _____

I certify that the above information is correct.