



APPLICANT TRANSMITTAL FORM - PREPAID (CASH)

POE _____

	Number of Applicants	Fee	Total Due	DOJ USE ONLY				
				\$	Trans	Fund	Count	Total \$
Employment/Licensing/Certifications-General								
State Level		\$32		\$32	101	0017		
Federal Level		\$17		\$17	111	0017		
Federal Level Volunteer		\$15		\$15	181	0017		
Social Services								
State Level - Hard Card		\$52		\$20	167	0017		
Federal Level		\$17		\$17	111	0017		
Federal Level Volunteer		\$15		\$15	181	0017		
Child Abuse Index								
Trustline		\$15		\$15	192	0566		
Licensing (Lic 198/a)		\$15		\$15	148	0142		
Retired Peace Officer CCW								
		\$68		\$17	111	0017		
Peace Officer								
		\$51		\$32	101	0017		
				\$19	155	0460		
CCW Initial Permit								
				\$32	101	0017		
				\$19	111	0017		
90-Day Employment		\$71		\$22	172	0460		
CCW Renewal Permit								
90-Day Employment		\$30		\$8	105	0017		
				\$22	173	0460		
Secondhand Dealer License								
Initial License		\$300		\$300	133	3240		
Renewal License		\$300		\$300	161	3240		
Fingerprint Cards		\$32		\$32	101	0017		
POST Certification								
License - State Level		\$49		\$19	176	0017		
License - Federal Level		\$17		\$17	111	0017		
Check Cashier Permit								
Permit - Initial		\$82		\$50	162	0017		
Permit - Renewal		\$50		\$50	163	0017		
Permit - Late Renewal		\$25		\$25	163	0017		
Permit - Duplicate		\$5		\$5	163	0017		
Bureau of Security/Investigative Services								
License - State Level		\$32		\$32	101	0017		
Licensing with Firearm:				\$32	101	0017		
* Initial Application		\$87		\$38	168	0460		
* Renewal Application		\$38		\$38	168	0460		
Fingerprint Roller Certification								
				\$32	101	0017		
				\$17	111	0017		
		\$74		\$25	171	0017		
Certification Fee		\$25		\$25	171	0017		
Replacement Certificate		\$5		\$5	171	0017		
Record Review								
		\$25		\$25	108	0017		
Visa/Immigration								
		\$32		\$32	101	0017		
Fingerprint Rolling								
		\$10		\$10	143	0017		
Sub-Arrest Notification Transfer								
		\$10		\$10	624	0017		
Foreign Adoptions								
		\$25		\$25	672	0017		

ATTACH A LIST OF NAMES FOR BACKUP.
 Do not include a count for fee exempt prints on this form.

MAIL TO: CALIFORNIA DEPARTMENT OF JUSTICE
 PRESCAN UNIT, K-111
 PO BOX 903417, SACRAMENTO, CA 94203-4170

I certify that the above information is correct.

TOTAL \$ _____ Number of Reprints _____

Print Name _____

Address _____

City _____

Phone _____

Authorized Signature _____ Date _____