



# APPLICANT TRANSMITTAL FORM - BILLED

POE \_\_\_\_\_

	Number of Applicants	Fee	Total Due	DOJ USE ONLY				
				\$	Trans	Fund	Count	Total \$
<b>Employment/Licensing/Certifications-General</b>								
State Level		\$32		\$32	100	0017		
Federal Level		\$17		\$17	110	0017		
Federal Level Volunteer		\$15		\$15	182	0017		
<b>Social Services</b>								
State Level		\$42		\$32	100	0017		
Federal Level		\$17		\$10	600	0017		
Federal Level Volunteer		\$15		\$17	110	0017		
<b>Child Abuse Index</b>								
Trustline		\$15		\$15	191	0566		
Licensing (Lic 198/a)		\$15		\$15	147	0142		
<b>Retired Peace Officer CCW</b>								
		\$68		\$17	110	0017		
<b>Peace Officer</b>								
		\$51		\$32	100	0017		
				\$19	154	0460		
<b>CCW Initial Permit</b>								
				\$32	100	0017		
				\$17	110	0017		
90-Day Employment		\$71		\$22	174	0460		
Standard 2 Years		\$93		\$44	601	0460		
Judge 3 Years		\$115		\$66	602	0460		
Reserve P.O. 4 Years/Custodial Officer CCW		\$137		\$88	603	0460		
<b>CCW Renewal Permit</b>								
				\$8	104	0017		
90-Day Employment		\$30		\$22	175	0460		
Standard 2 Years		\$52		\$44	604	0460		
Judge 3 Years		\$74		\$66	605	0460		
Reserve P.O. 4 Years/Custodial Officer CCW		\$96		\$88	606	0460		
<b>Secondhand Dealer License</b>								
Initial License		\$300		\$300	137	3240		
Renewal License		\$300		\$300	138	3240		
State Level		\$32		\$32	100	0017		
<b>Check Casher Permit</b>								
		\$82		\$32	100	0017		
				\$50	178	0017		
<b>Bureau of Security/Investigative Services</b>								
License - State Level		\$32		\$32	100	0017		
Licensing with Firearm:				\$32	100	0017		
				\$17	110	0017		
* Initial Application		\$87		\$38	153	0460		
* Renewal Application		\$38		\$38	153	0460		
<b>Fingerprint Roller Certification</b>								
				\$32	100	0017		
				\$17	110	0017		
		\$74		\$25	619	0017		
Certification Fee		\$25		\$25	619	0017		
<b>Record Review</b>								
		\$25		\$25	611	0017		
<b>Fingerprint Rolling</b>								
		\$10		\$10	142	0017		
<b>Sub-Arrest Notification Transfer</b>								
		\$10		\$10	623	0017		

Additional instructions, attach a list of names for backup.  
Do not include a count for fee exempt prints on this form. It is hereby understood that the attached material will be processed by the DOJ at applicable rates established by state and federal agencies (subject to change) and that said charges will be paid upon receipt of DOJ billings.

TOTAL BILLED \$ \_\_\_\_\_

Number of Reprints \_\_\_\_\_  
Do not include a count for Reprints.

Client ID \_\_\_\_\_  
Number \_\_\_\_\_  
Max. 10 Char/Number (optional)

Agency \_\_\_\_\_  
Billing Code \_\_\_\_\_  
(mandatory)

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

Agency Name \_\_\_\_\_

I certify that the above information is correct.

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone \_\_\_\_\_