

# Applicant Transmittal Form - Billed

JUS 204 (orig. 1/04;rev. 10/07)

Employment/Licensing/Certifications-General	Number of Applicants	Fee	Total Due	DOJ USE ONLY					
				\$ -	Trans	Fund	POE Code: _____		
State Level		\$32			100	017	Trans	Count	Total\$
Federal Level		\$19			110	017	028		
Federal Level Volunteer		\$15			182	017	060		
<b>Social Services</b>				32-	100	017	100		
State Level - Electronic		\$42		10-	600	017	104		
State Level - Hard Card		\$52		20-	166	017	110		
Federal Level		\$19			110	017	142		
Federal Level Volunteer		\$15			182	017	147		
<b>Child Abuse Index</b>							151		
Trustline		\$15			191	566	153		
Licensing (Lic 198/a)		\$15			147	142	154		
Adoptions (BCIA 4066)		\$15			610	142	166		
<b>Peace Officer</b>				32-	100	017	174		
		\$51		19-	154	460	175		
<b>CCW Initial Permit</b>				32-	100	017	182		
				19-	110	017	191		
90 Day Employment		\$73		22-	174	460	600		
Standard 2 Yrs		\$95		44-	601	460	601		
Judge 3 Yrs		\$117		66-	602	460	602		
Reserve P.O. 4 Yrs		\$139		88-	603	460	603		
<b>CCW Renewal Permit</b>				8-	104	017	604		
90 Day Employment		\$30		22-	175	460	605		
Standard 2 yrs		\$52		44-	604	460	606		
Judge 3 Yrs		\$74		66-	605	460	610		
Reserve P.O. 4 Yrs		\$96		88-	606	460	611		
<b>Secondhand Dealer License</b>							619		
Initial License		\$195			028	001	623		
Renewal License		\$10			060	001			
Fingerprint Cards		\$32			100	017			
<b>Bureau of Security/Inv Svcs</b>									
License (State Level)		\$32			100	017			
Licensing with Firearm:				32-	100	017	TOTAL		
				19-	110	017	Comments		
* Initial Application		\$89		38-	153	460			
* Renewal Application		\$38		38-	153	460			
<b>Fingerprint Roller Certification</b>				32-	100	017			
				19-	110	017			
		\$76		25-	619	017			
Certification Fee		\$25			619	017			
Record Review		\$25			611	017			
<b>Fingerprint Rolling</b>		\$10			142	017			
<b>Sub-Arrest Notification Transfer</b>		\$10			623	017			

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

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

ATTACH A LIST OF NAMES FOR BACKUP. (See reverse side for mailing address)

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 Department of Justice (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.

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

Date \_\_\_\_\_

I certify that the above information is correct.

Agency Billing Code _____ (mandatory)
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Client ID # \_\_\_\_\_  
(Max 10 Char/Number, optional)

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

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_