

Applicant Transmittal Form - Billed

JUS 204 (Rev. 1/04)

Employment/Licensing/Certifications-General	Number of Applicants	Fee	Total Due	DOJ USE ONLY				
				\$ -	Trans	Fund	POE Code: _____	
State Level		\$32		100	017			
Expedite Fee Only		\$10		151	017	Trans	Count	Total\$
Federal Level		\$24		110	017	028		
Federal Level Volunteer		\$18		182	017	060		
15/30 Legislation				32-	100	017		
State Level		\$52		20-	166	017	100	
Federal Level		\$24		110	017	102		
Federal Level Volunteer		\$18		182	017	104		
Child Abuse Index								
Trustline		\$15		191	566	110		
Licensing (Lic 198/a)		\$15		147	142			
Adoptions (BCIA 4066)		\$15		610	142	142		
Peace Officer				32-	100	017		
		\$46		14-	154	460	147	
CCW Initial Permit				32-	102	017		
90 Day Employment		\$73		17-	174	460	151	
Standard 2 Yrs		\$90		24-	110	017	153	
Judge 3 Yrs		\$107		32-	102	017	154	
Reserve P.O. 4 Yrs		\$124		24-	110	017	166	
				34-	601	460	174	
				51-	602	460	175	
				68-	603	460	182	
CCW Renewal Permit							191	
90 Day Employment		\$25		8-	104	017	601	
Standard 2 yrs		\$42		17-	175	460		
Judge 3 Yrs		\$59		34-	604	460	602	
Reserve P.O. 4 Yrs		\$76		51-	605	460		
				68-	606	460	603	
Secondhand Dealer License								
Initial License		\$195			028	001	604	
Renewal License		\$10			060	001		
Fingerprint Cards		\$32			100	017	605	
Bureau of Security/Inv Svcs							606	
License (State Level)		\$32			100	017	610	
Licensing with Firearm:				32-	100	017	TOTAL	
* Initial Application		\$84		24-	110	017	Comments	
* Renewal Application		\$28		28-	153	460		
				28-	153	460		
Fingerprint Roller Certification				32-	100	017		
Certification Fee		\$81		24-	110	017		
				25-	619	017		
Fingerprint Rolling					142	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.

Agency Billing Number _____ (mandatory)

Your Number - OCA: _____

(Max 10 Char/Number, optional)

Agency Name _____

Address _____

City _____

Phone _____

Authorized Signature _____

Date _____

I certify that the above information is correct.