

Transmittal Form - ***Prepaid (Cash)***  
 APPLICANT - Employment, Licenses/Permits, and Certifications  
 See reverse for mailing address.

<i>Employment/Licensing/ Certifications-General</i>	Number of Applicants	Fee	Total	<b>DOJ USE ONLY</b>		
				\$ - Trans	Fund	POE Code: _____
State Level		\$32		101	017	
Expedite Fee Only		\$10		150	017	<i>Trans</i>
Federal Level		\$24		111	017	<i>Count</i>
Federal Level Volunteer		\$18		181	017	<i>Total \$</i>
<b><i>15/30 Legislation</i></b>				32 - 101	017	<b>029</b>
State Level		\$52		20 - 167	017	<b>061</b>
Federal Level		\$24		111	017	<b>101</b>
Federal Level Volunteer		\$18		181	017	<b>103</b>
Child Abuse Index Licensing (Lic. 198/a)		\$15				<b>105</b>
Adoptions (BCIA 4066)		\$15		148	142	<b>108</b>
<b><i>Peace Officer</i></b>		\$46		148	142	<b>111</b>
				32 - 101	017	<b>143</b>
				14 - 155	460	<b>148</b>
<b><i>CCW Permit</i></b>				32 - 103	017	<b>150</b>
Initial Permit		\$73		24 - 111	017	<b>155</b>
				17 - 172	460	<b>161</b>
Renewal Permit		\$25		8 - 105	017	<b>167</b>
<b><i>Secondhand Dealer License</i></b>				17 - 173	460	<b>172</b>
Initial License		\$195		029	001	<b>173</b>
Renewal License		\$10		061	001	<b>176</b>
Fingerprint Cards		\$32		101	017	<b>181</b>
<b><i>POST Certification</i></b>				32 - 101	017	<b>Total</b>
State Level		\$46		14 - 176	460	<b>\$</b>
Federal Level		\$24		111	017	<i>Comments</i>
<b><i>Trustline Applications</i></b>		\$90		32 - 101	017	
				58 - 161	019	
<b><i>Record Review</i></b>		\$25		108	017	
<b><i>Visa/Immigration</i></b>		\$32		101	017	
<b><i>Fingerprint Rolling</i></b>		\$10		143	017	

Total \_\_\_\_\_

Adjustment \_\_\_\_\_  
 Sup. Initial \_\_\_\_\_

No. of REPRINTS: \_\_\_\_\_

**TOTAL REMITTANCE \$** \_\_\_\_\_

*Do not include a count for fee exempt prints on this form.*

**ATTACH A LIST OF NAMES FOR BACKUP.**

Print Name \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

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

I certify that the above information is correct.