STATE OF CALIFORNIA
JUS 203
(Orig. 09/1996; Rev. 07/2016)

DEPARTMENT OF JUSTICE

Print Form | Reset Form

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				$32	101	0017		
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				$32	101	0017		
		$51		$19	155	0460		
CCW Initial Permit				$32	101	0017		
				$19	111	0017		
90-Day Employment		$71		$22	172	0460		
CCW Renewal Permit				$8	105	0017		
90-Day Employment		$30		$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				$32	101	0017		
License - State Level		$49		$19	176	0017		
License - Federal Level		$17		$17	111	0017		
Check Casher Permit				$32	101	0017		
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.

_____
Authorized Signature **Date**

TOTAL $ _____ **Number of Reprints** _____

Print Name _____

Address _____

City _____

Phone _____