

**South Carolina Department of Social Services
Division of Investigation**

**STATE AND FEDERAL FINGERPRINT REVIEW TRANSMITTAL FORM
ELECTRONIC PROCESSING (TWO WEEKS OR LESS)**

Complete and return this form with the completed fingerprint cards and business check, certified check or money order to the following address:

South Carolina Department of Social Services
Finance Division – Attention Cashier
P.O. Box 1520
Columbia, S.C. 29202-1520

This Block For Department Use Only

Facility Name: _____

License/Registration/Approval No.: _____
(Leave blank for new facility)

Facility Address: _____

County: _____

Facility Mailing Address: (if different) _____

Director/Operator: _____

Telephone: _____

New Cards (Payment enclosed)

Regular (paid) employees (part-time or full-time)

No. _____ X \$38.50 = \$ _____

Volunteers (not compensated but may be left in charge of children)

No. _____ X \$30.50 = \$ _____

Household Members (in Registered Family Child Care Homes)

No. _____ X \$30.50 = \$ _____

Charitable Organization (Regular Employees)

No. _____ X \$27.25 = \$ _____

Charitable Organization (Volunteers)

No. _____ X \$23.25 = \$ _____

Total Number of Fingerprint Cards and Amount Enclosed

No. _____ \$ _____

NOTE: PERSONAL CHECKS WILL NOT BE ACCEPTED. DO NOT SEND CASH.

Print names legibly on transmittal form and fingerprint cards or they will be returned.

Copy and use additional pages as needed.

List all caregivers whose fingerprint card is being submitted. Name (as it appears on fingerprint card)	Social Security No.	Date of Birth	Specify if Volunteer	SLED Use Only
Example: Jane Diane Smith	999-99-9999	7/1/75	Volunteer	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				