

**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

<b>This Block For Department Use Only</b>

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 = \$ _____
<b>Total Number of Fingerprint Cards and Amount Enclosed</b>	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)				