

# CAPITAL LIVE SCAN REQUEST FORM

TO BE FILLED OUT AND SIGNED BY PARTICIPANT

<b>State of California Certified Small Business Number: 1596560</b>			
<b>State of California</b> <b>REQUEST FOR LIVE SCAN</b> <b>SERVICE</b> CLS 8016 (4/13) <b>Applicant Submission</b>		<b>Live Scan Providers/vendors outside</b> Capital Live Scan must fax this completed form to: <p style="text-align: center;"><b>916-451-3007</b></p> Participants that use outside Cal North vendors are responsible for scanning fees	<b>Capital LiveScan</b> HQ Office # (877) 888-8802Ex.6 <a href="http://WWW.capitallivescan.com">WWW.capitallivescan.com</a> <b>DOJ Check Status Line:</b> (916)-227-4557 Available 24/7
Agencies ORI <b>AE689</b>	<b>PRINT LEGAL Name of Person Fingerprinted</b>		
<b>Agency Name:</b> California Youth Soccer Association Cal North  <b>Mail Code:</b> 15687  <b>Address:</b> 1040 Serpentine Lane, #201 Pleasanton, CA. 94566  <b>Application Type:</b> <b>Check One</b> Volunteer      Employee  <b>JOB TITLE:</b> <b>Check One</b> Coach    Trainer    Volunteer    Referee	<b>Last:</b> _____  <b>First:</b> _____  <b>Middle Name:</b> _____ <b>Suffix:</b> _____  <b>Birth Date:</b> _____ <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>  <b>CDL No.</b> _____ <b>Other</b> _____  <b>Height:</b> _____ <b>Weight:</b> _____ <b>Eye Color:</b> _____ <b>Hair Color:</b> _____ <u>Home Address</u> <b>Street #:</b> _____  <b>Street Name:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____  <b>Club Name:</b> _____		
<b>Circle One or Both:</b> Level of Service: <input checked="" type="radio"/> DOJ <input type="radio"/> FBI	<b>Mandatory Fields</b> <b>District Number:</b> _____ <b>League Number:</b> _____		
<b>CLS</b> _____ Transmitting Agency	Name of Live Scan Operator _____      LSID # _____      Date: _____ <b>ATI No:</b> _____  If resubmission, list original ATI Number: _____		<b>Sales Receipt</b>  Amount:\$ _____  Type & Payment Debit    Credit    Cash    Billed
<b>What do I need to bring?</b> To be Live Scan fingerprinted you will need to provide a completed Request for Live Scan form for your specific need and a current valid photo ID. Examples of acceptable identification are:	<input type="radio"/> California Driver's License <input type="radio"/> California Identification <input type="radio"/> Valid out-of-state Driver's License <input type="radio"/> Military Identification		<input type="radio"/> Passport <input type="radio"/> Resident Alien Card <input type="radio"/> Immigration Card <input type="radio"/> Green Card
I request to be fingerprinted so I may qualify to volunteer for or be employed by California Youth Soccer Association (Cal North) or operate under contract with one of our affiliate organizations. I also certify that I have no physical illness or impairment, which will make participation in soccer related activities dangerous to me. I understand that in requesting and being fingerprinted I may be disqualified or terminated ("Fail") for volunteering or employment if, according to the guidelines approved by the Board of Directors, the results of the background check and the review process shows evidence of moral turpitude, dishonesty, or fraud to such a degree as to cause the Board to be concern for the wellbeing of those who would be associated with me as a volunteer. I understand that I am required to complete the Cal North 1650 Form - Risk Management Disclosure and Agreement that outlines the complete policies and procedures pertaining to my request to be fingerprinted under the Cal North Risk Management Program. I declare under the Penalty of Perjury under the laws of the State of California that the information that I have furnished on this form is true and correct to the best of my knowledge.			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_