

CAPITAL LIVE SCAN REQUEST FORM

TO BE FILLED OUT AND SIGNED BY PARTICIPANT

State of California Certified Small Business Number: 1596560		Capital Live Scan 	
State of California REQUEST FOR LIVE SCAN SERVICE CLS 8016 (4/13) Applicant Submission		Live Scan Providers/vendors outside Capital Live Scan must fax this completed form to: <p style="text-align: center;">916-451-3007</p> Participants that use outside Cal North vendors are responsible for scanning fees	Capital LiveScan HQ Office # (877) 888-8802Ex.6 WWW.capitallivescan.com DOJ Check Status Line: (916)-227-4557 Available 24/7
Agencies ORI AE689		PRINT LEGAL Name of Person Fingerprinted	
<u>Agency Name:</u> California Youth Soccer Association Cal North <u>Mail Code:</u> 15687 <u>Address:</u> 1040 Serpentine Lane, #201 Pleasanton, CA. 94566		Last: _____ First: _____ Middle Name: _____ Suffix: _____ Birth Date: _____ CDL No. _____ Other _____ Height: _____ Weight: _____ Eye Color _____ Hair Color _____ <u>Home Address</u> Street #: _____ Street Name: _____ City: _____ State: _____ Zip: _____ Club Name: Del Dayo 13	
<u>Application Type:</u> Check One <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee		<u>Home Address</u> Street #: _____ Street Name: _____ City: _____ State: _____ Zip: _____ Club Name: Del Dayo 13	
<u>JOB TITLE:</u> Check One <input type="checkbox"/> Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Volunteer <input type="checkbox"/> Referee		Mandatory Fields District Number: 06 League Number: 06	
<u>Circle One or Both:</u> Level of Service: <input checked="" type="radio"/> DOJ <input type="radio"/> FBI		Sales Receipt Amount: \$ _____ Type & Payment Debit Credit Cash Billed	
CLS _____ Transmitting Agency		Name of Live Scan Operator _____ LSID # _____ Date: _____ ATI No: _____ If resubmission, list original ATI Number: _____	
<u>What do I need to bring?</u> 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	
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 concerned for the wellbeing of those who would be associated with me as a volunteer.		<input type="radio"/> Passport <input type="radio"/> Resident Alien Card <input type="radio"/> Immigration Card <input type="radio"/> Green Card	
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: _____