Risk Management Instructions

Risk Management is our California Department of Justice background check. This is only required of individuals 18 years of age and older. This can only be done anywhere in the State of California.

To complete this, you will need to print out our live scan form on the second page. Fill out the middle portion with your contact information. That form can then be taken to any servicer. You can do a quick google search for "local live scan locations" and take your form to them. The cost will range anywhere from $15-$30. Keep your copy of the live scan form after the service is done until you have confirmation that we have received your results. On average it takes from 1-14 days to receive the electronic results back from the Department of Justice. We will update your referee profile as soon as that clearance comes in.

Once you complete the service, please do the following:

1) With dark marker, cover up your social on the form. The servicer only needed to see this, not everyone else.
2) Email refereeregistration@calsouth.com to provide us the ATI code you were assigned. This is located in the bottom portion of the form copy they give back to you.
# CALIFORNIA STATE SOCCER ASSOCIATION - SOUTH

## REQUEST FOR LIVE SCAN SERVICE

### APPLICANT SUBMISSION

<table>
<thead>
<tr>
<th>A2094</th>
<th>Non-Profit Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORI (code assigned by DOJ)</td>
<td>Authorized Applicant Type</td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
</tr>
</tbody>
</table>

**Type of License/Certification/Permit or Working Title** (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information

**Cal South**

Agency Authorized to Receive Criminal Record Information

1029 South Placentia Avenue

Street Address or P.O. Box

Fullerton CA 92831

City State ZIP Code

**Risk Management Dept.**

Contact Name (714) 451-1518

Contact Telephone Number (714) 451-1017

Contact Fax Number

### Applicant Information

- **Last Name**
- **First Name**
- **Middle Name**
- **Suffix**
- **Other Name (AKA or Alias) Last**
- **Other Name First**
- **Other Name Middle**
- **Suffix**
- **Date of Birth**
- **Sex**
  - [ ] Male
  - [ ] Female
- **Driver’s License Number**
- **State**
- **Height**
- **Weight**
- **Eye Color**
- **Hair Color**
- **Place of Birth (State or Country)**
- **Social Security Number**
- **Home Address or P.O. Box**
- **City**
- **State**
- **ZIP Code**

### Live Scan Service

- **Level of Service:** [ ] DOJ (FBI not required)

If re-submission, list original ATI number (must provide proof of rejection): _______________

### Applicant Role(s)

- **Choose all that apply:**
  - [ ] Administrator:
  - [X] Referee: REFEREE Referee Association or "New Referee"

### OFFICIAL USE ONLY

Live Scan Transaction Completed By:

- **Name of Operator**
- **Date**

<table>
<thead>
<tr>
<th>Transmitting Agency</th>
<th>LSID</th>
<th>ATI Number</th>
<th>Amount Collected/Billed</th>
</tr>
</thead>
</table>

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PRINT TWO COPIES

ORIGINAL - Live Scan Operator SECOND COPY - Applicant (please keep for your records) Please allow at least seven (7) business days for processing.