



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.



REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094 _____ Non-Profit Organization _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 Volunteer _____
 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 | | 09380 _____ Mail Code (five-digit code assigned by DOJ) | |
| 1029 South Placentia Avenue _____ Street Address or P.O. Box | | Risk Management Dept. _____ | livescan@calsouth.com _____ Contact Email |
| Fullerton _____ | CA _____ | (714) 451-1518 _____ | (714) 451-1017 _____ |
| City _____ | State ZIP Code | Contact Telephone Number | 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 <input type="checkbox"/> Male <input type="checkbox"/> Female | Driver's License Number _____ | State _____ | |
| Height _____ | Weight _____ | Eye Color _____ | Hair Color _____ | Mobile Phone Number _____ |
| Place of Birth (State or Country) _____ | | Home Phone Number _____ | | |
| Home Address or P.O. Box _____ | | Email Address _____ | | |
| | | 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): _____
 Original ATI Number

Applicant Role(s)

Choose all that apply:

Administrator: _____ Club/League Name

Referee: _____ Referee Association or "New Referee"

OFFICIAL USE ONLY

Live Scan Transaction Completed By: _____

| | |
|---------------------------|-------------------------------|
| Name of Operator _____ | Date _____ |
| Transmitting Agency _____ | LSID _____ |
| ATI Number _____ | Amount Collected/Billed _____ |

PRINT TWO COPIES