



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.



REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION

A2094
 ORI (Code assigned by DOJ) _____
 Volunteer
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Non-Profit Organization
 Authorized Applicant Type _____

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		09380 Mail Code (five-digit code assigned by DOJ) Risk Management Dept. Contact Name (714) 451-1518 Contact Telephone Number	livescan@calsouth.com Contact Email (714) 451-1017 Contact Fax Number
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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 _____	
Place of Birth (State or Country) _____	Social Security Number _____	Mobile Phone Number _____	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