Submitting User Requirements Cont.

## **Live Scan**

## Log into your GotSport Account at <u>https://system.gotsport.com/</u>

STEP 2

STEP 1

Depending on the role you have with your club, the user requirements will consist of either Intro to Safety, SafeSport, Livescan, Background Check, or all four. These user requirements will be located on your account "**Dashboard**". Click the "**more info**" for the respective requirement to continue.

**Q**GotSport

www.gotsport.com

| <b>S</b> | GotSport          |                                 |                   |           |                   |                  |                 |   | •      | 2 |
|----------|-------------------|---------------------------------|-------------------|-----------|-------------------|------------------|-----------------|---|--------|---|
|          |                   | Steve Martin<br>coachsteve@demo | l<br>.com         |           |                   |                  |                 | Ed  | it     |   |
|          |                   | DOB<br>Address                  | 03/12/1989<br>US  |           | Phone<br>Mobile P | Phone Number     |                 | View Full P   | rofile |   |
|          | B Dashboard C Ac  | ccount 🖹 Reporting              | 출 Team Management | ≓ Team Sc | cheduling         | A Program Regist | rations Form    | s   | -      |   |
|          | Portervi          | ille YSL<br>CA, US              |                   |           |                   |                  |                 |   |        |   |
|          | Role              | Level                           | Affiliate         |           | Requireme         | nts              |                 |   |        |   |
|          | coach             | Competitive                     | USYS              |           | Intro to Safe     | lety             | Required        | More Info   |        |   |
|          |                   |                                 |                   |           | Safe Sport        |                  | Required        | More Info   |        |   |
|          |                   |                                 |                   |           | Live Scan         |                  | Required        | More Info   |        |   |
|          |                   |                                 |                   |           | Background        | d Check          | Required        | More Info   |        |   |
| 3        | Click "Submit N   | New Report".                    |                   |           |                   |                  |                 | 4 25  |        |   |
|          |                   |                                 |                   |           |                   |                  |                 |   |        |   |
|          | Live Scan         |                                 |                   |           |                   |                  | Risk Manag      | ement   |        |   |
|          | Status            | -                               |                   |           |                   | Required         |                 |   |        |   |
|          | Report History    |                                 |                   |           |                   |                  | Enforced        | California North Youth Soccer<br>Association                    |        |   |
|          | ID Date Submittee | d Date 0                        | Completed         | Updated   | S                 | itatus           | Contact Infor   | mation  |        |   |
|          |                   |                                 |                   |           |                   |                  | Phone<br>number | 925-426-5437  |        |   |
|          |                   |                                 |                   |           |                   |                  | Address         | 1040 Serpentine Lane<br>Suite 206<br>Pleasanton, CA 94566<br>US |        |   |
|          |                   |                                 |                   |           |                   |                  | Reports old     | er than have expired  |        |   |
|          |                   |                                 |                   |           |                   |                  |                 |   |        |   |



**STEP 4** 

Fill out the required information and sign your name on the signature line and save your signature. Lastly, click the submit button on the bottom of the page to submit your report.

| <b>Q</b> GotSport      |                     |                 |                 | ≗ ⊠ ⅲ   |  |
|------------------------|---------------------|-----------------|-----------------|---|--|
| Live Scan              | Risk Man            | Risk Management |                 |   |  |
| Submit New Report      |                     |                 |                 |   |  |
| First Name             | Steve               |                 |                 |   |  |
| Middle Name            |                     |                 | Type            | Live Scan   |  |
| Last Name              | Martin              |                 | Enforced<br>By  | California North Youth Soccer<br>Association              |  |
| Affix                  |                     |                 | Contact In      | formation   |  |
| Gender                 | Male                | \$              | Phone<br>number | 925-426-5437  |  |
| DOB                    | March               | \$              | Address         | 1040 Serpentine Lane<br>Suite 206<br>Pleasanton, CA 94566 |  |
|                        | 1989                | \$              | Reports         | US  |  |
| Birthdate Confirmation | March               | ¢               |                 |   |  |
|                        | 12                  | \$              |                 |   |  |
|                        | 1989                | \$              |                 |   |  |
| Contact Email          | coachsteve@demo.com |                 |                 |   |  |
| Phone                  | 1234567             |                 |                 |   |  |

Please sign below, upon submission, you will be redirected back to your profile where you may download LiveScan form and take to appropriate LiveScan facility.

LiveScan submission will be marked as approved when Californiat North receives results.

| Signature  |       |
|------------|-------|
|            | - aka |
| Save Reset |       |
| Submit     |       |



STEP 5

Once the report has been submitted successfully, it will automatically bring the User back to their **Dashboard. Click the "Live Scan" button highlighted in green.** 

| ©GotSport                         |                                     |                              |                                   |          | •                 |
|-----------------------------------|-------------------------------------|------------------------------|-----------------------------------|----------|-------------------|
|                                   | Steve Martin<br>coachsteve@demo.com |                              | Edit                              |          |                   |
|                                   | <b>DOB</b> 0                        | 3/12/1989                    | Phone                             |          |                   |
|                                   | Address U                           | IS                           | Mobile Phone Number               |          |                   |
|                                   |                                     |                              |                                   |          | View Full Profile |
| Dashboard S Accou                 | nt 🖹 Reporting 🛛 😤 Tea              | m Management       ≓ Team So | cheduling A Program Registrations | Forms    |                   |
| Porterville<br>Porterville, CA, L | <b>YSL</b><br>JS                    |                              |                                   |          |                   |
| Role Leve                         | el                                  | Affiliate                    | Requirements                      |          |                   |
| coach Com                         | npetitive                           | USYS                         | Intro to Safety                   | Required | More Info         |
|                                   |                                     |                              | Safe sport                        | Required | More Info         |
|                                   |                                     |                              | Live Scan Pending                 | Required | More Info         |
|                                   |                                     |                              | Background Check                  | Required | More Info         |





## Your "Live Scan Form" Will now Generate. Fill in the required information accordingly.

**OGotSport** 

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Live-Scan-steve-martin-20210312-105501065.pdf (1 page) - Edited **□·** Q Q A Z - D Q. Search Live-Scan-steve-martin-20210312-105501065.pdf (1 page) **REQUEST FOR LIVE SCAN SERVICE** CalNorth Soccer Applicant Submission Volunteer Authorized Applicant Type ORI (Code assigned by DOJ) BCYW Contract Code (For use at Biometrics4all SAM locations Only) COACH Type of License/Certification/Permit OR Working Title CAYOCA YOUTH SOCCER ASSOC 15687 Mail Code (five-digit code assigned by DOJ) Agency Authorized to Receive 1040 SERPENTINE LANE STE 201 Street Address or P.O. Box Contact Name (mandatory for all school submissions) CA 94566 PLEASANTON Contact Telephone Number City Applicant Information: Last Name First Name Middle Initial Suffix Other Name First (AKA or Alias) Last Suffix Sex Male Female Date of Birth Driver's License Number Billing Agency Billing Number) Weight Hair Color Height Eye Color Number Misc Place of Birth (State or Country) Social Security Number Number Home Address Street Address or P.O. Box City State ZIP Code OCA Field / Your Number: D 7 2 3 0 0 Mandatory Field District Number League Number Club Number Level of Service: X DOJ Only OATI: For Resubmission Only Name of Operator Date Do Not Collect. No Fee is Due. LSID ATI Number Transmitting Agency Amount Collected/Billed Need Help? BIOMETRICS Locations: www.CapitalLiveScan.com Services Provided by ApplicantServices.com Questions: contactus@capitallivescan.com Service Affiliate Members (SAM) CAPITAL LIVE SCAN Support: 1-877-288-5519