

Self Pay by Coach/Volunteer

Hello Coach/Volunteer!

Your club admin has tasked you with getting your fingerprints taken at one of our Capital LiveScan locations/events to be approved by Cal North.

Please click on this link below if you are a coach/volunteer that is getting fingerprinted at a Cal North Event/Capital Live Scan location and are paying yourself.

www.ApplicantServices.com/CalNorth

Your primary website for ALL applicants that will be paying on their own (pay online)

For an example of what the process will look like for coaches please watch this video:

https://www.youtube.com/watch?v=VIR496EVQCk

What is the applicant's process?(picture steps)

Based on which link was sent to the applicant, the applicant will be required to enter their email address, which will send them a verification/activation code to enter.

Once the code is entered, the next page will bring them to a pre-filled page stating that they are a coach/volunteer with CYSA. Then the applicant will be required to use the drop down to find

their league/organization. (scroll to the bottom of this page to view the league/organizations to find your correct code to provide to the coaches/volunteers)

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VOLUNTEER/VCA	-	СОАСН					
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CAYOCA YOUTH SOCCER ASSOC	_						
* Your District/Lazque/Club (Must select from the list)	୭						
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1 - DISTRICT 1 HQ - DISTRICT 1							
101 - MISSION YOUTH - DISTRICT 1 - 01 MISSION YOUTH SOCCER LEAGUE					N	ext	
103 - SF PAL SOCCER - DISTRICT 1 - 03 SAN FRANCISCO PAL SOCCER							
105 - S SAN FRANCISO - DISTRICT 1 - 05 SOUTH SAN FRANCISCO UNITED YOUTH SOCCER LEAGUE							
106 - COMM LEAGUE - DISTRICT 1 - 06 COMM LEAGUE						~	
2 - DISTRICT 2 HQ - DISTRICT 2						~	
200 - E SAN JOSE FC - DISTRICT 2 - 00 EAST SAN JOSE FOOTBALL CLUB						\sim	

Once the organization is selected, they will proceed to the next page where the applicant will enter all their personal information such as name, dob, address, etc.

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Select Language V Translation Disclaimer		Live Scan Locations Transaction History Reschedul	e Appointm
Demographics			
* Date of Birth	?	* Sex	?
Date of Birth of the Applicant. If born before 1900, enter Jan 01, 1900.		F	•
Date Of Birth is a Required Field.			
Home Address			
Residence House Number	?	Residence Direction	?
Applicant's Residence House Number only. If residence is a PO Box, enter 'PO BO	ЭХ'.	Applicant's Residence Street Direction. (e.g. 'N' for '123 NORTH MAIN ST')	•
* Residence Street Name	?	Residence Apartment Number	?
TRIBUTE RD		Applicant's Residence Apartment Number.	
	0		0
* Residence City	?	* Residence State	(?)
SACRAMENTO		CA	•
* Besidence Zin	\bigcirc	* Cell Phone	(?)
95815		(925) 596-9953	
55015			

The following page will take them to the locations page where the applicant can enter a zip code that will find the closest location to them.



After selecting the location, the applicant will be brought to the scheduling page, where they will create an appointment.

5	STEP 4	Арро	intmer	nt						^
В	Back	1.1	1.5							Next
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			1	2	3	4	5	2:10 PM 2:20 PM	Name	
	6	7	8	9	10	11	12	2:30 PM	The UPS Store 2343 & 0266	
	13	14	15	16	17	18	19	2:50 PM	Address 1731 Howe Ave, Sacramento, CA 95825	
	20	21	22	23	24	25	26	3:00 PM 3:10 PM	Contact Info	
	27	28	29	30	31			3:20 PM	store2343@theupsstore.com	
								3:40 PM	Working Hours M-F:10AM-4PM	
								3:50 PM	(Store's Local Time)	

After creating an appointment, the applicant will watch a mandatory video with fingerprinting instructions prior to your appointment.



After watching the video, the applicant's live scan form will show up on the following page, which will eliminate the applicant entering specific codes on a paper. The applicant will agree to the terms.

STATE OF C BCIA 8016 (ALIFORNIA rev.04/2020)				
BCIA 8016 (rev.04/2020)	(FOR YOUR	RECORDS ONLY)	DEPARTMENT OF JUSTICE	
		REQUEST FOR I	IVE SCAN SERVICE		
Applicant	Submission				n
AE689			VOLUNTEER/VCA		
ORI (Code	assigned by DOJ)		Authorized Application Type		
COACH					
Type of Lic	ense/Certification/Permit OR	Working Title (Maximum	n 30 characters - if assigned by DO), use exact title assigned)	
Contributi	ng Agency Information:				
CAYOCA	OUTH SOCCER ASSOC		15687		
Agency Au	thorized to Receive Criminal F	Record Information	Mail Code (five-digit code as		
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Street Add	dress or P.O. Box		Contact Name (mandatory fo	r all school submissions)	

Finally the last part, the applicant will enter their card information.

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Live Scan Locations Transaction History Reschedule Appointment
balance will be refunded within 10 business days. Purchased credit (Payment ID) will expire in 60 days as credit
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* Required Fields
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* Credit Card Number
Enter the Credit Card Number
* Expiration Year
Format: CCYY or YY (2018 or 18 for 2018)
* Billing Address
* Billing Zip
PayPal

Once the applicant has paid, they will select confirm. Once confirmed, the next page will allow the applicant to print out the form if needed. (if the applicant chooses not to print the form, they will also be provided with a QR code they can show the clerk at the office of the location)

Lastly, it will provide a receipt.