

2025 NCSI Background Check Process Purchased by Credit Card



RUSA Credit Card Page

A valid email address is required to process your background check. Please verify that the information displayed below is accurate.

If any information needs to be corrected prior to starting your background check, please [Click Here](#).

Information that will be sent to our background check provider is your complete name and email address as listed below.

Date of Birth:		Email:	<input type="text"/> (Required)
First Name:	<input type="text"/> (Required)	Address1:	2801 NE 50th St
Middle Name:		City:	Oklahoma City
Last Name:	<input type="text"/> (Required)	State:	OK
Suffix:		ZIP:	73111

Amount to Charge:	\$22.00
Payment Method:	Visa <input type="button" value="v"/>
Credit Card Number:	<input type="text"/>
CC Security Code:	<input type="text"/> (Three digit number on back of card)
Card Expiration Month:	--Select One <input type="button" value="v"/>
Card Expiration Year:	--Select One <input type="button" value="v"/>
Terms:	<input type="checkbox"/> By checking this box, you agree to the conditions set forth in the USA Softball's Consent Form. Click here to read the full text of the consent form.

Submit Payment & Start Background Check

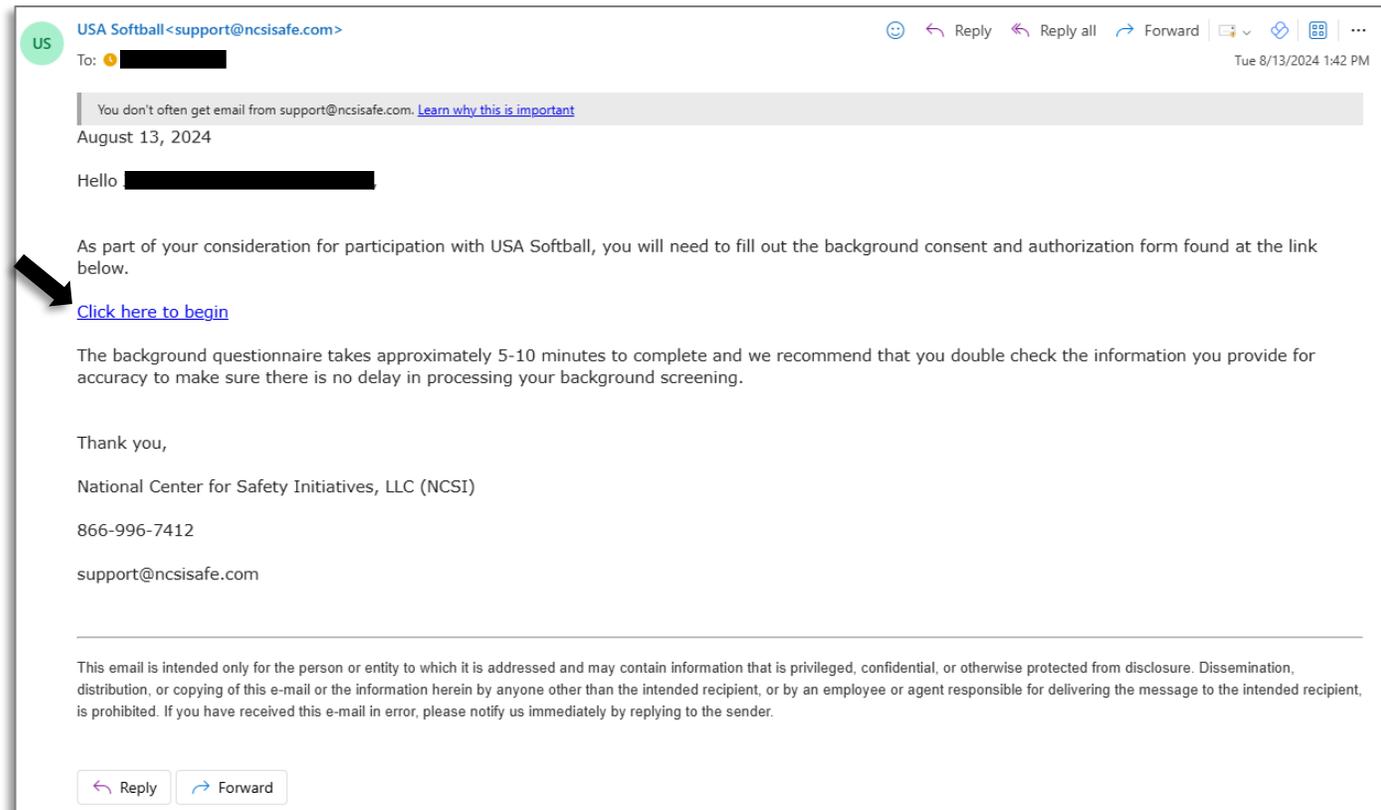
Cancel

- **New:** When purchasing the background check, the page will now look like this.
- Depending on your association, the background check fee will range from \$20-22.



Background Check Email

- **New:** Consent will no longer be completed in RegisterUSA.
- The member will receive this email from support@ncsisafe.com, which contains the link for completing the background check.
- Each member will have to click the link and then follow the process in it all the way to final submission to start their background check.



Link to Background Check

- After clicking the link in the email, you will be brought here to the summary of the process.
- Click the blue continue box at the bottom right to move to the next page and start the process.

Welcome!

Are you ready to begin the background check process?

Once you start, you will complete the following steps:

- Give consent to running your background electronically.
- Complete the necessary disclosures.
- Fill out the background questionnaire.
- Submit your information.

If you would like to learn more about NCSI's Privacy Policy, please visit our website: <https://solutions.ncsisafe.com/privacy-policy>

Do not click the back button during this process. You will have the opportunity to edit the information you provide before submitting your questionnaire.

Continue

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Electronic Consent Form

ELECTRONIC SIGNATURE CONSENT

As part of the selection process at USA Softball, the "Company," you will need to consent to a background check electronically. By typing your name and clicking in the box below, you are consenting to receive any communications (legally required or otherwise) and all changes to such communications electronically. In order to use the website, you must provide at your own expense an Internet connected device that is compatible with the minimum requirements outlined below. You also confirm that your device will meet these specifications and requirements and will permit you to access and retain the communications electronically each time you access and use the website.

System Requirements to Access Information

To receive and view an electronic copy of the Communications you must have the following equipment and software:

- A personal computer or other device which is capable of accessing the Internet. Your access to this page verifies that your system/device meets these requirements.
- A current version of Chrome, Firefox, Safari, Internet Explorer, or Microsoft Edge Internet web browser which supports security industry best practices for HTTPS encrypted communications, JavaScript, and cookies. Your access to this page verifies that your browser meets these requirements.

System Requirements to Retain Information

To retain a copy, you must either have a printer connected to your personal computer or other device or, alternatively, the ability to save a copy through use of printing service or software such as Adobe Acrobat.

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may contact National Center for Safety Initiative, LLC. (NCSI) to withdraw your consent to receive any future communications electronically, including if the system requirements described above change and you no longer possess the required system. If you withdraw your consent, we will terminate your use of the NCSI website and the services provided through the NCSI website.

To ensure that a signature is unique and to safeguard you against unauthorized use of your name, your IP address has been recorded and will be stored along with your electronic signature. Please note that if you wish to submit your Disclosure and Authorization Forms electronically, NCSI requires that you include your social security number or user identification. All of your information will be encrypted and transmitted via our secure website.

TO CONTINUE YOUR APPLICATION PLEASE CLICK THIS OPTION AND SIGN YOUR NAME BELOW.

I, , consent to transacting electronically, including receiving legally required notices electronically. I understand that NCSI uses computer technology to ensure that my signed documents are not altered after submission. I agree to allow NCSI to validate my signed documents in this way.

Continue

- Review the document.
- Check the box at the bottom.
- Type your full name into the box as instructed.
- Click the blue continue button at the bottom right to go to the next step.



Jurisdiction Page

- Choose the drop down for your employment state.
- Choose the drop down for your state of residence .
- Click the blue continue box at the bottom right to move to the next page.

APPLICABLE JURISDICTIONS

Please provide the following information.

I certify that I am an individual seeking prospective or continued participation in:

Employment state *

I certify that I am a resident of:

Residence state *

[Continue](#)



Summary of Rights

- Review the Summary of Rights.
- Click the Acknowledgement box at the bottom of the page.
- Click the blue Continue button to move to the next screen.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to the Surface Transportation Board

5. Creditors Subject to the Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street, NW
Washington, DC 20562

b. Federal Trade Commission: Consumer Response Center
500 Pennsylvania Avenue, NW
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
P.O. Box 83670
Houston, TX 77082

b. Federal Reserve Consumer Help Center
P.O. Box: 1200
Minneapolis, MN 55480

c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation
1100 Walnut Street, Box #11
Kansas City, MO 64108

d. National Credit Union Administration
Office of Consumer Financial Protection (OCFP)
Division of Consumer Compliance Policy and Outreach
1775 Duke Street
Alexandria, VA 22314

Assistant General Counsel for Office of Aviation Consumer Protection
Department of Transportation
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

Office of Public Assistance, Governmental Affairs, and Compliance Surface
Transportation Board
365 E Street, S.W.
Washington, DC 20423

Nearest Packers and Stockyards Division Regional Office
Associate Administrator, Office of Capital Access
United States Small Business Administration
400 Third Street, S.W. Suite 8200
Washington, DC 20418

Securities and Exchange Commission
100 F Street, NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5000

Federal Trade Commission: Consumer Response Center
600 Pennsylvania Avenue, NW
Washington, DC 20580
(877) 382-4357

Acknowledgment

- I acknowledge receipt of the Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) and certify that I have read and understand this document.

Continue



Acknowledgement & Auth

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT (if applicable), A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and OTHER STATE LAW NOTICES and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by USA Softball (the "Company"), at any time after receipt of this authorization and throughout my participation or employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state, municipal or federal agency, motor vehicle agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by the National Center for Safety Initiatives, LLC (NCSI); P.O. Box 39008 Cleveland, OH 44139; tel. # 866-996-7412; www.ncsisafe.com and/or Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that by checking the "I AGREE" box, typing my name and the last four digits of my Social Security Number or User ID, and clicking on the "SIGN ACKNOWLEDGMENT" button below, constitutes my electronic signature, dated as of when I click on the "SIGN ACKNOWLEDGMENT" button, and that by doing so:

I am authorizing NCSI to conduct the background check(s) described above

I am consenting to use electronic means to sign this form and have read and understand the above disclosure

I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling NCSI at Phone: 866-996-7412

Please check this box to receive from NCSI; a copy of any report furnished by NCSI to the Company pursuant to your authorization.

[End of ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK]

Agreement

I agree: Last 4 of your social security number / user PIN

Please note: the last four digits of your SSN or user PIN may be required at a later time for verification purposes.

Sign Acknowledgment

- Review the Acknowledgement and Authorization.
- Check the box to receive a copy from the Background Check provider.
- Type your full name and the last four of your SSN into the appropriate boxes.
- Click the blue Sign Acknowledgement box to move on.



Disclosure Acknowledgement

- Review Disclosure.
- Type your full name and last four of your SSN into the designated boxes.
- Click the blue Sign Acknowledgement box to move to the next page.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

USA Softball, the "Company," may obtain information about you from a third party consumer reporting agency for participation or employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

The investigations will be conducted by National Center for Safety Initiatives, LLC (NCSI), P.O. Box 39008 Cleveland, OH 44139; tel. # 866-996-7412; www.ncsisafe.com.

[End of DISCLOSURE REGARDING BACKGROUND INVESTIGATION]

Agreement

I agree, I acknowledge receipt of the Disclosure regarding background investigation and certify that I have read and understand this document: Last 4 of your social security number / user

PIN

Please note: the last four digits of your SSN or user PIN may be required at a later time for verification purposes.

Sign Acknowledgment



Legal Name & Address

Applicant USA Softball - Background Screening by NCSI

Please provide your **legal name** as shown on your driver's license or other government issued identification.

* Last Name: * First Name: * Middle Name: Generation: * SSN: * Confirm SSN: * DOB:

I certify that I do not have a Middle Name

Phone Number:

+ Former Name/Alias

Applicant Address USA Softball - Background Screening by NCSI

Cancel Next →

Current Address

Current Address

United States of America

* STREET ADDRESS

* ZIP CODE * CITY

+ Previous Address

Cancel Next →

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- Fill in the name, SSN, DOB and Phone Number.
- Click Next to continue to the address screen.
- Fill in the address info.
- Click Next to continue to the Info Summary Page.



Application Summary

Application Summary USA Softball - Background Screening by NCSI

Please review your information for accuracy. If you would like to make changes, please click 'Edit' (✎) next to an item. When you are finished, click the 'Submit' button.

Applicant: ✎

Current Address: ✎

Search Summary for Background Screening by NCSI

Application Notes

Cancel **Submit →**

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- Application Summary holds SSN, DOB and Address.
- Verify info for correctness.
- If correct click Submit.



Confirmation Page

- The confirmation page will appear with your confirmation number that can be used to track your background check with NCSI.

Confirmation

Thank you for completing your online background questionnaire. Your confirmation number is [REDACTED]. Please keep it handy if you need to contact National Center for Safety Initiatives, LLC (NCSI) with any questions.

If you would like to print a copy of your Authorization or your Confirmation, please click on the appropriate button below. Please direct any inquiries to National Center for Safety Initiatives, LLC (NCSI).

Security Notice: It is strongly recommended that you close all browser windows to ensure that you are completely signed out.

National Center for Safety Initiatives, LLC (NCSI)
P.O. Box 39008
Cleveland, OH 44139
Phone: 866-996-7412

[Print Authorization](#)

[Print Confirmation](#)

When you are finished, please close this browser tab or window.



Background Check Status

Your background check status will be updated on your RegisterUSASoftball.com HomePlate.



FAQ

- Most background checks will take 3-5 business days but can take up to 10 business days to complete.
- New: USA Softball only issues electronic ID cards. An electronic background check verification will be available immediately after the background check clears.



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