



**Safety Video Lending Library
Order Form**
Please print this form and fill in your requests.
Fax it to CCC at 916-489-3280

Please send the following video(s):

1. _____
2. _____

Contact person: _____
Company: _____
Address: _____
City/State/Zip: _____
Telephone: _____
State Compensation Insurance Fund Policy # _____

**Please send check in the amount of \$100.00 for security deposit
payable to:**

**CCC
2398 Fair Oaks Blvd Suite #1A
Sacramento, California 95825**

Applicant Statement of Approval:

**I request CCC to process a security deposit in the amount of \$100.00 by
check. This amount will be refunded once the video has been returned.
Videos are due back within 30 days.**

Signature

Date