



**Safety Video Lending Library  
Order Form**

**Please print this form and fill in your requests.  
Fax it to CCAA 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:**

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

**Applicant Statement of Approval:**

**I request CCAA 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**