

# STATE CONTRACT AUDIO-VISUAL REQUEST FORM

Send completed form to:  
State Compensation Insurance Fund  
Corporate Communications AV Library  
1010 Vaquero Circle  
Vacaville, CA 95688  
E-mail: [avlibrary@scif.com](mailto:avlibrary@scif.com)

Your completed A/V request form will be process in three (3) working days. Incomplete or inaccurate forms will be returned. For questions, please e-mail AV Library at [avlibrary@scif.com](mailto:avlibrary@scif.com).

<b>State Agency Name:</b>	<b>Date:</b>
<b>State Agency Number:</b>	
<b>State Agency Coordinator:</b>	<b>Telephone No:</b>

**SEND TO:**

Agency Name:  
Address:  
City, State, Zip:  
Attn:

Tel. No:

**Language**

**Video #-Audio-Visual Title**

**A/V ID #  
For Library Use Only**

English     Spanish

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English     Spanish

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English     Spanish

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**Alternate Choices (Please fill in three alternate choices)**

English     Spanish

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English     Spanish

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English     Spanish

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**For Library Use Only:**

<b>Show Date (s):</b> If more than one day, indicate first and last show dates. (No ASAP)	<b>Send Date:</b>	<b>Return Date:</b>
		<b>Ext. Until:</b>

**NOTE: Show date must be completed.** Show dates cannot be longer than one week. If audio-visuals are to be shown on different dates, use separate request forms. **Return A/V immediately through PRIORITY mail or UPS and insured for \$400.00 each after last show date.**

A/V: Show Date:

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