

OFFICIAL CDCR BUSINESS CARD ORDER FORM

State of California Department of Corrections and Rehabilitation



Gary Walker
Superintendent I
CALPIA Print Plant
Hwy. 1 North / P.O. Box 8101
San Luis Obispo, CA 93401
T: 805.547.7900, Ext. 4677
C: 805.547.7512
F: 805.547.7512
E: gary.walker@cdcr.ca.gov

1A, 1 Color (Black), Coated Stock

State of California Department of Corrections and Rehabilitation



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Superintendent I
CMC Print Plant
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2A, 4 Color, Coated Stock

Select quantity:

Box of 500 (\$45)
Item #: 145200.0500

Box of 250 (\$35)
Item #: 145200.0250

Box of 100 (\$30)
Item #: 145200.0100

Please fill in your business card information. Carefully check your information for accuracy.
A proof will be sent via email for verification. **CALCTRA will not print without approval.**

By signing, I have verified that the business card information below is correct.

Signature: _____

For questions contact:

print.services@calctr.ca.gov

Use one form per name

Submit this completed form along with a completed STD. 65 to:

customerservice@calctr.ca.gov

Name:

Title:

Dept. / Inst.

State of California Department of Corrections and Rehabilitation



NAME

TITLE

Institution / Department
Street Address
City, State Zip Code
T: xxx.xxx.xxxx, Ext. xxxx
C: xxx.xxx.xxxx
F: xxx.xxx.xxxx
E: xxxx.xxxxxxx@cdcr.ca.gov

Address:

City:

State: Zip Code:

Procurement Office Use Only:

Contact: _____

Phone: _____

Fax:

Cell:

E-Mail: