

## OFFICIAL PLATA SUPPORT BUSINESS CARD ORDER FORM

For questions contact:

[print.services@calctra.ca.gov](mailto:print.services@calctra.ca.gov)

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

[customerservice@calctra.ca.gov](mailto:customerservice@calctra.ca.gov)

**Select quantity:**

**Box of 500 (\$45)**

Item #: 145200.0500

**Box of 250 (\$35)**

Item #: 145200.0250

**Box of 100 (\$30)**

Item #: 145200.0100

### STATE OF CALIFORNIA

Prison Health Care Services



**Division**

Gary Walker - Superintendent I  
CALPIA Print Plant

Phone: (805) 547-7900, Ext. 4677

Cell: (805) 123-4567

Fax: (805) 547-7512

E-mail: [gary.walker@calpia.ca.gov](mailto:gary.walker@calpia.ca.gov)

Hwy. 1 North / P.O. Box 8101

San Luis Obispo, CA 93409

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:** \_\_\_\_\_

Use one form per name

Name:

Title:

Dept. / Inst.

### STATE OF CALIFORNIA

Prison Health Care Services



**Division**

Name & Title  
Department

Phone: (xxx) xxx-xxxx, Ext. xxxx  
Cell: (xxx) xxx-xxxx  
Fax: (xxx) xxx-xxxx  
E-mail: [xxxxx.xxxxxx@xxxxx.ca.gov](mailto:xxxxx.xxxxxx@xxxxx.ca.gov)

Address  
City, State Zip Code

Address:

City:

State:  Zip Code:

Phone:  Ext.:

Fax:

Cell:

E-Mail: