



## Initial Request to Participate

Interagency Intercept Collection Program

The \_\_\_\_\_ requests authorization to participate  
Agency/College/District

in the Interagency Intercept Collections Program beginning with the 20 \_\_\_\_\_ process year.

We are a:

- State agency**  
We request intercept services for delinquent debts owed to our agency. Our request and debts meet the legal requirements for participation. (California Government Code Sections 12419.5, 12419.10, 12419.11, and 12419.12; State Administrative Manual Section 8790; California Revenue and Taxation Code Section 19551)
- College**  
We request intercept services for delinquent debts owed to our college/post-secondary education institution. These debts may include delinquent registration, tuition, bad check fees, library fines, or other permitted debts. Our request and debts meet the legal requirements for participation. (California Government Code Sections 12419.7, 12419.9, and 12419.12; State Administration Manual Section 8790)
- City or county agency**  
We request intercept services for delinquent debts owed to our agency. These debts may include property taxes, delinquent fines, bails, vehicle parking penalties, court-ordered payments, or other permitted debts. Our request and debts meet the legal requirements for participation. (California Government Code Sections 12419.8 and 12419.10)
- Special district**  
We request intercept services for delinquent debts owed to our special districts. (California Government Code Sections 12419.8, 12419.10, and 12419.12)

All agencies, need to read, sign, adhere to, and maintain FTB 7904, *Confidentiality Statement*, and *Interagency Intercept Collection Program Special Terms and Conditions*. Agencies need to identify and maintain these documents for **every** employee within their agency that has access to the daily and weekly reports. This requirement includes, but is not limited to, agency/vendor IT department staff, agency/vendor management, agency/vendor fiscal staff, agency/vendor collection staff etc. **It is the responsibility of the agency, college, or district to safeguard the data** as outlined in the *Intercept Collections Program Special Terms and Conditions*.

Failure to maintain *Interagency Intercept Collection Program Special Terms and Conditions* and FTB 7904 could result in unauthorized disclosure or access. Penalties for unauthorized disclosure or access could result in fines and imprisonment under California Law (R&TC Sections 19542, 19542.1, and 19542.3 and Government Code Section 90005). Penalties may extend to the signature and names listed on the intent form as well as individuals listed on FTB 7904.

Contact the Interagency Intercept desk for the *Interagency Intercept Collection Program Special Terms and Conditions* and FTB 7904. Franchise Tax Board may request a completed copy of the FTB 7904 at any time.

Check applicable boxes below to indicate the type of debt(s) you intend to submit to the Intercept program.

<input type="checkbox"/> Dishonored Check	<input type="checkbox"/> Fees	<input type="checkbox"/> Fines	<input type="checkbox"/> Parking Citations	<input type="checkbox"/> Judgments
<input type="checkbox"/> Taxes	<input type="checkbox"/> Tuition	<input type="checkbox"/> Insurance	<input type="checkbox"/> Unpaid Services	<input type="checkbox"/> Overpayment
<input type="checkbox"/> Other (list the debt type):				

_____	_____
_____	_____
_____	_____

**All Agencies**

Initial here \_\_\_\_\_ Prior to sending debts to the Franchise Tax Board, the participating agency must send the debtor a *Pre-Intercept Notice* allowing 30 days to resolve or dispute the liability before submitting the debt to the Interagency Intercept Collection Program. Submit a copy of the *Pre-Intercept Notice* with your completed FTB 2280, *Intent to Participate*, to the Interagency Intercept Collection group.

\_\_\_\_\_  
Executive Officer/Director  
(Print name)

\_\_\_\_\_  
Executive Officer/Director  
(Signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency address

Telephone number: \_\_\_\_\_

Send your completed *Initial Request to Participate* to:

OFFICE OF THE STATE CONTROLLER  
DIVISION OF ACCOUNTING & REPORTING  
TAX ADMINISTRATION SECTION  
ATTN: OFFSET COORDINATOR  
PO BOX 942850  
SACRAMENTO CA 94250-5880

Or  
Fax: 916.327.2563