



## 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 2021 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 (R&TC) 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, 12419.10, and 12419.12)
- Special District**  
We request intercept services for delinquent debts owed to our special districts. These debts may include, delinquent fines, bails, vehicle parking penalties, court-ordered payments, bridge toll and high-occupancy toll lane fees, or other permitted debts. Our request and debts meet the legal requirements for participation. (California Government Code Sections 12419.8, 12419.10, and 12419.12)

We will submit accounts: (choose one)  with social security numbers  
 without social security numbers (ID Lookup)

All agencies need to read, sign, adhere to, and maintain FTB 7904, *Vendor/Contractor 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 *Interagency Intercept Collection 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 at 916.845.5344 for the *Interagency Intercept Collection Program Special Terms and Conditions* and FTB 7904. Franchise Tax Board (FTB) may request a completed copy of the FTB 7904 at any time.

**Check the following applicable boxes 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"/> Tolls            | <input type="checkbox"/> Other (list the debt type): |                                    |                                            |                                      |

**Pre-Intercept Notice Requirement**

**You are required to send your debtors a *Pre-Intercept Notice* that contains specific due process language, refer to sample FTB 2288, *Pre-Intercept Notice Instructions*.** The notice must:

- Provide the Government Code Sections that authorize your agency to submit debts for intercept.
- Allow your debtors 30 days to resolve or dispute the debts, **before** submitting their debts to us.
- Provide your agency’s contact information where the debtor can dispute the liability.

We require both new and returning agencies to provide a copy of their *Pre-Intercept Notice* along with FTB 2280 PC, *Intent to Participate*, and FTB 7904. **Failure to meet this requirement may result in a suspension of intercepts for your agency.**

**Effective and Cooperative Communication**

It is critical that the FTB Intercept Program liaisons listed on FTB 2280 PC, *Intent to Participate*, effectively communicate with our staff on account information, resolution of issues, and ensuring customer needs are met. FTB requires agencies to respond within 24-48 hours when contacted by FTB staff, to ensure issues are resolved and customer needs are met.

**Failure to cooperate in effective communication and account resolution may result in a suspension of intercepts for your agency.**

**Signature Authorization**

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

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

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

\_\_\_\_\_  
Date

**Agency Address**

Agency name:	Unit name:	Phone:	Ext.
Agency address/PO Box:		Room/suite/floor:	
City:	State:	ZIP Code:	

Send your completed *Initial Request to Participate* to:

OFFICE OF THE STATE CONTROLLER  
 LOCAL GOVERNMENT PROGRAMS AND SERVICES DIVISION  
 TAX ADMINISTRATION SECTION  
 ATTN: INTERCEPT COORDINATOR  
 PO BOX 942850  
 SACRAMENTO CA 94250-5880

Or

Fax: 916.327.2563