



FORMS PRINTING SPECIFICATIONS

Requisition No.	Record No
Date prepared 2020-09-03	

GENERAL DESCRIPTION

Title

Carrier Envelope (DSB Kit)

Form No. SC ISP-2512 E	Dated 2020-08-26	Stock Number	U I	Quantity
---------------------------	---------------------	--------------	-----	----------

<input type="checkbox"/> Flat	<input type="checkbox"/> Set	<input type="checkbox"/> Continuous	<input type="checkbox"/> Tab card	<input type="checkbox"/> Tag	<input type="checkbox"/> Label	<input type="checkbox"/> Sales book	Other
-------------------------------	------------------------------	-------------------------------------	-----------------------------------	------------------------------	--------------------------------	-------------------------------------	-------

MATERIAL - (Paper, card stock, carbon etc.)

Dimensions	Trim size	Wide	X	High	Stub size	Tear out	Wide	X	High
	10.5"			6.75"					

PAPER (State grade, type, colour, basis weight and reference to applicable CGSB standard.)

White - 24 Lb.

Open Side, Side Seam Construction

Flap: Full Glue, Square Flap

Ink: Outside: Black

Inside: Black Artline (IT-12)

Prints on: Face & Flap

Do not seal envelopes

Kit includes:

ISP-2512 (2020-08-26) E (carrier envelope)

ISP-1151 (2020-08-26) E (application)

ISP-2519 (2018-10-03) E (medical report)

ISP-2544 (2016-02-23) (return envelope)

ISP-2540 (2016-02-23) (return envelope)

See next page....

Carbons	Recessed	Protruding	
<input type="checkbox"/> Black <input type="checkbox"/> Blue Other	Inches	Inches	
Narrow	Uncarbonized	Write test requested?	No. of sets
<input type="checkbox"/> Right <input type="checkbox"/> Left Inches	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Top <input type="checkbox"/> Bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRINTING - (As specified in the attached copy)

<input type="checkbox"/> One side	<input type="checkbox"/> Head to head	<input type="checkbox"/> Tumble	<input type="checkbox"/> Head to side	Ink colour	Proofs requested (No. & type)
				Black	1
Serial numbers	Ink colour	Crash	Individual parts		
From To		<input type="checkbox"/> <input type="checkbox"/>			
Size of margins	Front: Top Left	Back: Top Left			

CONSTRUCTION

Perforate	Collate/Gather					
Punching	Top Bottom Right Left	No. of holes	Diameter	C-C	<input type="checkbox"/> Round	Other
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Binding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wire Sew Side Score Saddle Fold Crimplock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pad in	Band in	
Stub	<input type="checkbox"/> Rigid <input type="checkbox"/> Flexible <input type="checkbox"/> Controlled glue line <input type="checkbox"/> Fugitive glue	Position				

PACKAGING - EMBALLAGE

<input type="checkbox"/> Wrap	<input type="checkbox"/> Box	<input type="checkbox"/> Bag	Pads	Sets	Sheets	Packages
-------------------------------	------------------------------	------------------------------	------	------	--------	----------

FORM WILL BE COMPLETED BY

<input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/>		
--	--	--

ENTER ADDITIONAL INFORMATION ON PAGE 2	Prepared by	Approved by
--	-------------	-------------

ADDITIONAL INFORMATION

Please send 5 samples of complete kit to:

Tiffany Ladouceur
Forms Group
PDC, 1D123
140 Promenade du Portage
Gatineau, Québec K1A 0J9
819-654-4152