



FORMS PRINTING SPECIFICATIONS

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

GENERAL DESCRIPTION

Title

Carrier Envelope (DSB Kit)

| | | | | | | | |
|-------------------------------|------------------------------|-------------------------------------|-----------------------------------|------------------------------|--------------------------------|-------------------------------------|-------|
| Form No. SC ISP-2512 F | 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) F (carrier envelope)

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

ISP-2519 (2018-10-03) F (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 | | | | | |
| 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 | Pad in | Band in |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 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:

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