



FORMS PRINTING SPECIFICATIONS

Requisition No.	Record No
Date prepared 2022-09-16	

GENERAL DESCRIPTION

Title

Reference Guide for the Old Age Security Pension and GIS (OAS-GIS kit)

Form No. SC ISP-3550AE	Dated 2022-10-01	Stock Number	U I	Quantity
---------------------------	---------------------	--------------	-----	----------

<input checked="" 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
	8.5"			11"					

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

20lb white paper, Black ink
8 page saddle stitch(2) booklet
Flat size 17" wide x 11" high
Folded size - 8.5" wide x 11" high, then
fold again to 8.5" wide x 5.5" high (must
be folded with title out)

- Print 2 sides, Head to Head

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 checked="" 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	To	Ink colour	<input type="checkbox"/> Crash <input type="checkbox"/> Individual parts		
From					

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 checked="" 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 A SEPARATE SHEET	Prepared by	Approved by
--	-------------	-------------