



FORMS PRINTING SPECIFICATIONS

Requisition No.	Record No
Date prepared 2020-11-24	

GENERAL DESCRIPTION

Title

Bureaux de Service Canada (ALW kit)

Form No. ISP-3501-OAS F	Dated 2016-05-09	Stock Number	U I	Quantity
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<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
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MATERIAL - (Paper, card stock, carbon etc.)

Dimensions	Trim size	Wide X	High	Stub size	Tear out	Wide X	High
	8.5"	5.5"					

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

Ink colour: Black
Prints On: 1 side only
20lb white paper
Mailfolded to 8.5" Wide X 5.5" high
(must be folded with title out)

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	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"/> <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
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FORM WILL BE COMPLETED BY

<input type="checkbox"/> Hand <input type="checkbox"/> Typewriter <input type="checkbox"/>
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ENTER ADDITIONAL INFORMATION ON PAGE 2	Prepared by	Approved by
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ADDITIONAL INFORMATION