

NON-HEATSET OFFSET PRINTING NOTIFICATION

(Only for non-heatset, web offset presses and wholesale, sheet-fed offset presses using exclusively soy-based or kerosene-like oil-based inks, fountain solutions with ≤6% VOC by volume or ≤8.5% if refrigerated to <60°F, and cleaning solvents with a vapor pressure ≤25mm Hg or a VOC content ≤30% by volume)

AGENCY USE ONLY	Date Recd.:	Reg No.:	Notification No.:
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Facility Information

Company (or owner) name and address:	Applicant name and address:
Contact name: Telephone No.: FAX No.: E-Mail address:	Installation address (including city and zip code):

Business Hours (hours/day, days/week, weeks/year):	<input type="checkbox"/> Wholesale <input type="checkbox"/> Retail	<input type="checkbox"/> Publication <input type="checkbox"/> Packaging	Est. Installation Date:
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Equipment Information

Make:		Model No.:			
<input type="checkbox"/> Sheet-Fed	<input type="checkbox"/> Web	<input type="checkbox"/> Lithographic	<input type="checkbox"/> Letterpress		
Type of Substrate:	<input type="checkbox"/> Paper	<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Cellophane	<input type="checkbox"/> Foil	<input type="checkbox"/> Other
Maximum Print Width (Inches):					
Maximum Press Speed:		<input type="checkbox"/> Feet/Minute		<input type="checkbox"/> Sheets/Minute	
Number of Color Units (Print Couples):					
Refrigerated Fountain:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Organic Solvent Content of Fountain Solution (% as Applied):					
Automatic Blanket Washing:		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Vapor Pressure of Cleaning Solvents (mm Hg): (The vapor pressure can be found on the MSDS under the physical properties section)					

Certification

I, the undersigned, do hereby certify that the information contained in this notification is, to the best of my knowledge, accurate and complete.	
_____	_____
Signature	Date
_____	_____
Type or Print Name and Title	Phone

Mail your \$100 payment and this Notification to this Agency at the address noted at the top of this form.