STATE OF CALIFORNIA

PRINTING EQUIPMENT ACQUISITION REQUEST (PEAR)

DGS OSP 0548 (Rev. 06/2025)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF STATE PUBLISHING

SAVE RESET

Section 1: Agency Information

Name

Location of Printing Operation

Director

Head of Printing Operations

E-Mail Address

Section 2: Equipment Information

Purchase Type: ☐ **New Equipment** ☐ **Replacement Equipment**

Equipment Condition: ☐ **New** ☐ **Used** ☐ **Remanufactured**

Equipment Description:

Equipment Manufacturer (if known):

Equipment Model (if known):

Equipment Capacity Requirements

Projected Operating Speed – Include Units

Number of Shifts

Projected Personnel Per Shift

Projected Annual Number of Impressions

Additional Hardware Required

Additional Software Required

Section 3: Printing Requirements

Description of Print Work To Be Performed

Finishing Services Required:

Finishing Services Source:

☐ **Inline** ☐ **Inhouse (on equipment other than printing equipment)** ☐ **Outsourced**

Desired Installation Date (MM/YYYY)

Section 4: Recovery of Investment Summary

Attach a complete and accurate Recovery of Investment Template (RIT) with supporting documentation.

Estimated Purchase Price **Estimated Annual Service Contract/Maintenance Cost**

Total Annual Cost Avoidance/Revenue (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5

Total Annual Expenditures (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5

Total Annual Surplus/Deficit (per year, over five years)

Year 1	Year 2	Year 3	Year 4	Year 5

Total Five Year Estimated Surplus/Deficit: $0

Section 5: Certification

I, the undersigned, hereby certify that I have reviewed the information contained within this acquisition request and the attached recovery of investment template and certify that this information is true and correct. I further certify that if approved, this equipment will be used in compliance with SAM Section 2875, which governs the operation of state agency in-plant operations, and all other applicable state regulations.

Deputy Administrative Director Full Name **Agency**

Deputy Administrative Director Signature **Date**

OSP Use Only

Request is: ☐ **Approved** ☐ **Modified**
Explanation:

Approval Signatures

Statewide In-Plant Operations Manager Full Name **Signature** **Date**

Budgets Manager Full Name (only for OSP submissions) **Signature** **Date**

State Printer Full Name **Signature** **Date**

Deputy Director, Interagency Support Division Full Name **Signature** **Date**