

Printing Services Exemption Request

DGS OSP 0550 (Rev 12/2019)

All fields are required (enter "N/A" if not applicable). Email this completed form to your OSP Customer Service Representative.

Agency Information

AGENCY	DATE OF REQUEST
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Project Specifications

PROJECT TITLE	PROJECT DUE DATE	
PROJECT DESCRIPTION	QUANTITY NEEDED	PROOFS REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT REQUIREMENTS (Size, Stock, Number of Pages, Ink Color, Finishing and Packaging, and Other Project Requirements)		

Project Terms

ORDER TYPE

Contract Agreement Contract Term: _____
start date _____ end date _____

InterAgency Agreement (IA) IA Term: _____
start date _____ end date _____

Single Order Recurring Order: **Annually** **Monthly** **Other:**

DESIRED PRINTER	PRINTER ESTIMATE
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JUSTIFICATION FOR EXEMPTION

Printing Services Exemption Request

DGS OSP 0550 (Rev 09/2019)

Customer Contact

CONTACT NAME

PHONE

EMAIL

RECIPIENT (IF DIFFERENT THAN CUSTOMER NAME)

DELIVERY ADDRESS

SPECIAL INSTRUCTIONS

OSP CUSTOMER SERVICE REPRESENTATIVE

OSP Use Only

Determination: Denied Approved (OSP Exemption Number): _____

Explanation:

DATE RECEIVED

DAYS FROM DUE DATE

**Statewide
In-Plant
Operations
Manager:**

FULL NAME (please print)

SIGNATURE

DATE