

# Printing Services Exemption Request

DGS OSP 0550 (Rev 07/2021)

All fields are required (enter "N/A" if not applicable). Email this completed form and supporting documentation to the Statewide In-Plant Operations Manager at [inplantopsmanager@dgs.ca.gov](mailto:inplantopsmanager@dgs.ca.gov).

## Agency Information

AGENCY	DATE OF REQUEST
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## Project Specifications

PROJECT TITLE	PROJECT DUE DATE	
PROJECT DESCRIPTION	QUANTITY NEEDED	SAMPLES INCLUDED <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

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## Customer Contact

CONTACT NAME

PHONE

EMAIL

RECIPIENT (IF DIFFERENT THAN CUSTOMER NAME)

DELIVERY ADDRESS

OSP CUSTOMER SERVICE REPRESENTATIVE

SPECIAL INSTRUCTIONS

### 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