



PUGET SOUND

Clean Air Agency

## PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave Ste 105  
Seattle WA 98101-3317

(206) 689-4060 Fax: (206) 343-7522 www.pscleanair.gov

### 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  $\leq 6\%$  VOC by volume or  $\leq 8.5\%$  if refrigerated to  $< 60^{\circ}\text{F}$ , and cleaning solvents with a vapor pressure  $\leq 25\text{mm Hg}$  or a VOC content  $\leq 30\%$  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

Your application must be accompanied by a \$500 filing fee. To pay by check, mail with this form to the Agency address above. To pay by credit card, check here ☐ and an accounting technician will contact you at the number provided below.

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_