



PUGET SOUND CLEAN AIR AGENCY

1904 3rd Ave Ste 105
Seattle WA 98101-3317

Clean Air Agency

(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 _____