
NAME OF APPLICANT: _____

1. What type of printing does the applicant perform? (check all that apply)

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Flexographic | <input type="checkbox"/> Photogravure | <input type="checkbox"/> Letterpress |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Lithography | <input type="checkbox"/> Other |

2. Does the applicant have ancillary printing services? (check all that apply)

- | | | | |
|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Laminating | <input type="checkbox"/> Bindery | <input type="checkbox"/> Slitting | <input type="checkbox"/> Other |
|-------------------------------------|----------------------------------|-----------------------------------|--------------------------------|

3. Does the applicant have a formal training process in place for machine operators? Yes No

4. Does the training program include safety topics including but not limited to lifting and removing jams?

 Yes No

5. Are all solvents and flammable liquids stored in a UL approved cabinet?

 Yes No

6. How many shifts a day does the applicant run? _____

7. Does the applicant purchase professional liability or Printer's E&O insurance? Yes No

a. If yes, please provide carrier and limit: _____

8. Does the applicant have more than 25 gallons of flammable liquid or solvent on site? Yes No

a. If yes, where and how is it stored? _____

9. Indicate the type of ink used (check all that apply): Solvent Water-based

10. Has all machinery and equipment been maintained in accordance with the OEM specifications?

 Yes No

11. Does the applicant have any printing presses over \$1,000,000 in value or larger than 5 color?

 Yes No

12. Does any single machine represent more than 50% of the applicant's production capability?

 Yes No