United States Postal Service [®]

1. Requested In-home Delivery Date (3-day window)

Plant-Verified Drop Shipment (PVDS) CONSOLIDATED Verification and Clearance								2. Drop Ship Appointment Number						
MA	ILER: This	s form is fo	r use by an ind	ividual mailer or			6 mailings	cleared at	origin on t	he same	day for e	entry at a sin	gle	
	3. Mailer	n the same Name Contact Nar		4. FAST Scheduler ID6. Mailer Contact Telephone (Include area code)			9. Destination Entry Discounts Claimed (Check all that apply) DDU DBMC Parcel Select ® International Service DSCF Mailing includes pieces for delivery Center (ISC) DADC outside service area of entry facility Other							
Mailer Information	 7. Origin Plant Location (<i>City, state, and ZIP+4</i>[®]) 8. Contact and Telephone at Company Making Drop Ship Appointment (If other than mailer and if known when completing this form) 						Payment Type (12b) P Permit Imprint No. of Pallets & Type(13a): PK Pallets with Bundles PP Pallets with Parcels					M Meter S Precanceled Stamps PS Pallets with Sacks PT Pallets with Trays T Trays P		
							Containers & Type (13b): B Bedloaded Bur Processing Category (15b): L Letters I Irregular Parce				F Flats A Automation Compatible			
	11a. Permit Holder	11b. Product Name/ID	12a. Postage Statement Sequence No.	12b. Permit No. & Payment Type (Except PER)	13a. No. Pallets & Type	13b. Num Non-Palle Containe	tized	14a. Number of Pieces	14b. Piece Weight		tal Gross (Verified office)	15a. Class of Mail	15b. Processing Category	
Mai														
	Totals 16. Comr	ments Rec	cord SCF/ADC/E	3MC/ASF designa	ator(s) and 2	ZIP Code(s) for which	n mail is dest	ined or atta	ach regist	er.			
Office (Where verified)							26a. Name of USPS® Employee 26b. Employee's Telephone Number Verifying Mail (Include area code)							
	18. Verification Location DMU (Mailer's plant) BMEU or Post Office						26c. Signature of Verifying Employee 27. Round Stamp (<i>Required</i>)							
	19. Permit Number			20. Postage Payment Method (Except for Periodicals) □ Permit □ Stamped □ Meter			26d. USPS Contact Name (If other than verifying employee)							
-	21. Total Pieces			22. Total Weight of Mailing										
Origin Post	23. Vehicl	e PVDS Sea	al Number	24. Vehicle ID Nu	umber									
Ō	25. Comm	nents												
or Delivery Unit	found in the Drop Ship Product.) Note: Shipments with 100% Periodicals can be presented whenever the destination facility is open and staffed to accept shipments.						33. Load Condition Irregularities (Check all that apply) Broken Pallets Mailings are not Separated by Container Counts do not Match PS Form 8125-C PS Form 8125-C Overweight Pallets Damaged Mail Pallets Too Tall Improper Mail Makeup Incorrect Mail Class Load Unsafe Other (Describe in Item 32) Incorrect Appointment Type							
Entry Post Office	Sign	ature						e barcode up						
ntry Pc	30. Date/Time of Arrival 31. Date/Time of Departur 32. Comments (NOTE: Enter bedload discrepancies as percent)													
Destination E			≕ Enter bedioad es as pallet coui		s percentag	yes anu								