United States Postal Service

Plant-Verified Drop Shipment (PVDS) CONSOLIDATED Verification and Clearance

Requested In-home Delivery Date (3-day window)
2. Drop Ship Appointment Number

C	ONSOL	.IDATE	Verificati	ion and Cle	arance		2. 5100	отпр торошт	anone reamb	51			
		s form is fo		lividual mailer or	nly, for mult	tiple PVI	OS mailings	cleared at	origin on th	e same day	for entry at a	single	
	3 Mailer			4. FAST Scheduler ID 6. 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						
ırmation	7. Origin Plant Location (City, state, ZIP+4®) 8. Contact and Telephone at Company Making Drop Ship Appointment (If other than mailer and if known when completing this form) 11a. 11b. 12a. Postage 12b. Permit No. 13a. 13b. N						10. Individual Mailings KEY (Used below to describe individual mailings) Payment Type (12d) P Permit No. of Pallets & Type(13a): PK Pallets with Packages PP Pallets with Parcels No. of Non-Palletized Containers & Type (13b): Processing Category: L Letters I Irregular Parcels M Machinable Parcels A Automation Compatil N Nonmachinable Parcels M Machinable Parcels N Nonmachinable Parcels L Letters I Irregular Parcels M Machinable Parcels N Nonmachinable Parcels Muschinable Parcels N Nonmachinable Parcels						
Mailer Information	Permit Holder	Product Name/ID	Statement Sequence No.	& Payment Type (Except PER)	No. Pallets & Type		Illetized ners & Type	Number of Pieces	Piece Weight	Weight (Verifi at origin office	ed Class	Processing Category	
	Totals 16. Comments 17. Origin Post Office™ (City, state, and ZIP+4)						26a. Name Verifyir	of USPS® E	mployee		oloyee's Teleph	one Number	
Post Office (Where verified)	5			20. Postage Payment Method (Except for Periodicals)			26c. Signature of Verifying Employee 26d. USPS Contact Name (If other than verifying employee)			e 27. Roun	d Stamp <i>(Requ</i>	ired)	
Origin Po	20. Commonts												
or Delivery Unit	28. Entry Office (City, state, and ZIP+4. Indicate type of facility — e.g.,if mail will be entered at a BMC facility, write "BMC" as well.)						□Broke □Conta Form □Dama	en Pallets ainer Counts 8125 aged Mail oper Mail Mal	do not Matc	N h	k all that apply) Mailings are not Separated by Form 8125 Overweight Pallets Pallets Too Tall Package on BMC Non-Machinable		
Destination Entry Post Office or Delivery Unit	29a. USPS Receiving Employee Signature 29b. USPS Receiving Employee Name 30. Date/Time of Arrival 31. Date/Time of Departure							e barcode up	oon receipt.		Other (Describe	in item 28)	
Destination E	32. Comments (NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)												