United States Postal Service®

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

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

2. Drop Ship Appointment Number

MAILER: This form is for use by an individual mailer only, for multiple PVDS mailings cleared at origin on the same day for entry at a single destination on the same vehicle.

Mailer Information

3. Mailer Name

4. FAST Scheduler ID

5. Mailer Contact Name

6. Mailer Contact Telephone *(Include area code)*

7. Origin Plant Location *(City, state, and ZIP+4®)*

8. Contact and Telephone at Company Making Drop Ship Appointment *(If other than mailer and if known when completing this form)*

9. Destination Entry Discounts Claimed *(Check all that apply)*

☐ DDU ☐ DNDC ☐ DSCF ☐ DFSS ☐ DADC ☐ Parcel Select®

☐ Mailing includes pieces for delivery outside service area of entry facility

☐ International Service Center *(ISC)*

☐ International

10. Individual Mailings **Key** *(Used below to describe individual mailings)*

Payment Type (12b): **P** Permit Imprint **M** Meter **S** Precanceled Stamps

No. of Pallets & Type(13a): **PK** Pallets with Bundles **PS** Pallets with Sacks **PT** Pallets with Trays **PP** Pallets and Parcels

No. of Non-Palletized Containers & Type (13b): **S** Sacks **T** Trays **P** Parcels **B** Bedloaded Bundles **AB** Air Boxes **O** Other

Processing Category (15b): **L** Letters **F** Flats **A** Automation Compatible **I** Irregular Parcels **M** Machinable Parcels **N** Nonmachinable Parcels

11a. Permit Holder	11b. Product Name/ID	12a. Postage Statement Sequence No.	12b. Permit No. & Payment Type *(Except PER)*	13a. No. Pallets & Type	13b. Number of Non-Palletized Containers & Type	14a. Number of Pieces	14b. Piece Weight	14c. Total Gross Weight *(Verified at origin office)*	15a. Class of Mail	15b. Processing Category
Totals										

16. Comments -- Record SCF/ADC/NDC/ASF designator(s) and ZIP Code(s) for which mail is destined or attach register.

Origin Post Office *(Where verified)*

17. Origin Post Office™ *(City, state, and ZIP+4)*

18. Verification Location

☐ DMU *(Mailer's plant)* ☐ BMEU or Post Office

19. Permit Number

20. Postage Payment Method *(Except for Periodicals)*

☐ Permit ☐ Stamped ☐ Meter

21. Total Pieces

22. Total Weight of Mailing

23. Vehicle PVDS Seal Number

24. Vehicle ID Number

25. Comments

26a. Name of USPS® Employee Verifying Mail

26b. Employee's Telephone Number *(Include area code)*

26c. Signature of Verifying Employee

26d. USPS Contact Name *(if other than verifying employee)*

27. Round Stamp *(Required)*

Destination Entry Post Office or Delivery Unit

28. Entry Office *(Facility name, address, city, state and ZIP+4 code as 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.

29a. USPS Receiving Employee Signature

29b. USPS Receiving Employee Name

30. Date/Time of Arrival

31. Date/Time of Departure

32. Comments *(NOTE: Enter bedload discrepancies as percentages and pallet discrepancies as pallet counts.)*

33. Load Condition Irregularities *(Check all that apply)*

☐ Broken Pallets
☐ Container Counts do not match PS Form 8125-C
☐ Damaged Mail
☐ Improper Mail Makeup
☐ Load Unsafe
☐ Incorrect Appointment Type
☐ Mailings are not separated by PS Form 8125-C
☐ Overweight Pallets
☐ Pallets Too Tall
☐ Incorrect Mail Class
☐ Other *(Describe in Item 32)*

34. Scan the barcode upon receipt.

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