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, 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 ☐ DBMC ☐ Parcel Select ® ☐ International Service Center (ISC)
☐ DSCF ☐ Mailing includes pieces for delivery outside service area of entry facility ☐ Other
☐ DADC

10. Individual Mailings

**KEY** *(Used below to describe individual mailings)*

| | | | |
|---|---|---|---|
| Payment Type (12d) | **P** Permit | **M** Meters | **S** Precanceled Stamps |
| No. of Pallets & Type(13a): | **PK** Pallets with Packages<br>**PP** Pallets with Parcels | **PS** Pallets with Sacks | **PT** Pallets with Trays |
| No. of Non-Palletized Containers & Type (13b): | **S** Sacks<br>**B** Bedloaded Packages | **T** Trays<br>**O** Other | **P** Parcels |
| Processing Category : | **L** Letters<br>**I** Irregular Parcels | **F** Flats<br>**M** Machinable Parcels | **A** Automation Compatible<br>**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 |
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| **Totals** | | | | | | | | | | |

16. Comments

## Origin Post Office *(Where verified)*

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

☐ 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 *(City, state, and ZIP+4. Indicate type of facility — e.g.,if mail will be entered at a BMC facility, write "BMC" as well.)*

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 Form8125
☐ Damaged Mail
☐ Improper Mail Makeup
☐ Load Unsafe
☐ Mailings are not Separated by Form 8125
☐ Overweight Pallets
☐ Pallets Too Tall
☐ Package on BMC Non-Machinable
☐ Other *(Describe in item 28)*

34. Scan the barcode upon receipt.