

**PAPER STANDARD FORMS and  
STATE APPOINTMENT CALENDAR ORDERS**

DGS OSP 600 (Rev. 8/2016)

Fulfillment Services Customer Service Numbers:

(916) 324-4635 or

Toll Free #: 1-800-964-3214

**Please complete the OSP 600 to order "paper" STD. Forms and the 2017 State Appointment Calendar**

Access the updated OSP 600 order form via the OSP Fulfillment Services website: <http://www.documents.dgs.ca.gov/dgs/fmc/dgs/osp600.pdf> or at the DGS California Forms Directory website: <http://documents.dgs.ca.gov/dgs/fmc/dgs/osp600.pdf>.

**SUBMIT ORDERS via one of the options outlined below:**

1. Email Address - [FSFormsOrders@dgs.ca.gov](mailto:FSFormsOrders@dgs.ca.gov) (Preferred Option)
2. Fax Number - (916) 324-9908
3. Mailing Address - Office of State Publishing, Attention: Fulfillment Services, 344 North 7<sup>th</sup> Street, Sacramento, CA 95811

**Instructions for Urgent Pick-Up Orders**

Request for urgent orders must be emailed to [FSFormsOrders@dgs.ca.gov](mailto:FSFormsOrders@dgs.ca.gov), for urgent business needs only, within 48-hours of scheduled pick-up times. A Fulfillment Services Customer Service Representative will contact customers to schedule pick-up times.

**2017 STATE APPOINTMENT CALENDAR ORDERING INFORMATION**

A package of 10 appointment calendars can be purchased for \$10. Please complete the sections below before submitting orders. Due to the high volume of state calendar orders received, please allow up to 30 business days for shipments to arrive.

<b>For 2017 STATE APPOINTMENT CALENDAR ORDERS ONLY</b> (Actual shipping charges will be added.)	<b>UNIT PKG</b> 10 calendars per package	<b>Section A –</b> <b>Place Unit Package Quantity</b> (Press Enter to Calculate Total)  \$10.00 X _____ =	<b>Section B –</b> <b>Enter TOTAL AMOUNT</b>  \$ _____
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1. **Section A** - Fill in the number of unit packages you are ordering above. Multiply the quantity of unit packages times \$10.
2. **Section B** - Place the total dollar amount above. **NOTE:** Please ensure the total dollar amount is calculated correctly. Your billing invoice will reflect the correct total plus actual shipping charges.

**Please complete the requested information below for all orders.**

ORDER DATE:	SIGNATURE OF PERSON AUTHORIZING THE ORDER	<b>IMPORTANT NOTE:</b> ORDERS WITHOUT SIGNATURES ORDERS WITHOUT BILLING CODES ORDERS WITH INVALID BILLING CODES <b>WILL NOT BE PROCESSED</b>  <b>REQUIRED:</b> Place 5-Digit Agency Billing Code Below:  <b>FULLFILLMENT SERVICES USE ONLY:</b> <b>ADDRESS ID #</b>  <b>Pick-Up Order Schedule Confirmation:</b> Customer Name:  Date and Time:
SHIP TO DEPARTMENT:	AUTHORIZING PERSON'S NAME (PRINT OR TYPE)	
OFFICE:	CONTACT PERSON'S NAME:	
ADDRESS: (PO BOXES NOT ACCEPTED)	CONTACT PHONE NUMBER:	
CITY, STATE, ZIP CODE:	EMAIL ADDRESS:	
SPECIAL SHIPPING INSTRUCTIONS:		

STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY
65	Pkg/50		117	Box/250		432	Pad/50		644	Pad/25		699	Pkg/25	
65A	Pkg/50		204	Pad/50		438	Pad/50		645	Pkg/100		700	Pkg/25	
65 cont	Box/550		209	Pad/25		456A	Pkg/100		664 cont	Box/1000		701R	Pkg/25	
66A	Pad/100		218cont	Box/850		457	Pkg/100		671	Pad/50		703	Pkg/50	
75	Pkg/100		236	Pad/100		501	Pkg/100		674	Pad/50		760	Pad/50	
76	Pkg/100		254	Pkg/100		603	Pad/50		674AR	Pad/50		966	Pad/50	
76 cont	Box/1500		262	Pad/50		608	Pkg/50		674D	Pad/50				
77	Pkg/100		262A	Pad/100		608A	Pkg/50		678	Pkg/100				
78	Pkg/20		269	Pkg/25		610	Pkg/50		682	Pad/75				
100	Pad/100		271	Pkg/5		634	Pad/50		683	Pad/50				
100B	Pkg/100		273	Book/1		636A	Pkg/50		686	Pkg/50				
106	Book/50		350A	Pkg/100		637	Pad/50		687	Pkg/50				
107	Pad/100		403	Pkg/50		637A	Pad/50		689	Pad/50				
115	Pkg/100		404C	Box/2000		640	Pad/50		696	Pkg/25				