MAIL SERVICES SHIPPING AND RECEIVING SERVICE REQUEST

Date: _____ Contact Person: _____

Phone: _____ Email: _____

Department: _____ Account #:_____

TYPE OF SERVICE REQUESTED *Service Delivery Availability Subject to Address Location and Carrier

FEDEX ◯ **UPS** ◯ **USPS** ◯ **OTHER** ◯ _____

◯ OVERNIGHT BY 8:00 AM (AM FIRST)*	◯ GROUND (UPS Guarantees Next Day Delivery within Washington by 5:00 PM)
◯ OVERNIGHT BY 10:30 AM (PRIORITY)*	◯ 2 DAY* ◯ 3 DAY*
◯ OVERNIGHT BY END OF DAY (STANDARD)*	**INTERNATIONAL**
◯ SATURDAY DELIVERY (Additional Charge)*	◯ PRIORITY (2 - 3 DAYS)
Declared Value $_____	◯ ECONOMY (5-7 DAYS)*

USPS EXTRA SERVICES ☐ EXPRESS ☐ CERTIFIED ☐ RETURN RECEIPT ☐ MEDIA MAIL ☐ LIBRARY MAIL

DECLARATION OF CONTENTS

Insurance Value $_____

DOES NOT contain any lithium batteries or electronic devices containing lithium batteries. ◯

Package **DOES contain** lithium batteries or equipment containing lithium batteries that are not compromised, and/or damaged in any way, and are fully intact. ◯

Select the applicable check box:

- Contains less than 1 gram lithium content for lithium metal cells and less than 2 grams lithium content for lithium metal batteries ◯
- Is less than 20 Wh for lithium Ion cells and 100 Wh for lithium Ion batteries ◯

Contains lithium batteries that are "**contained in**" equipment ◯

Contains lithium batteries that are "**packed with**" equipment ◯

Contains "**standalone**" lithium batteries **Ground Service ONLY** ◯

I certify that this package **does not contain** any of the following Hazardous Materials: Photographic equipment, torch/flashlight, dry batteries, wet cell batteries, alkaline batteries, solar charger, ultra capacitor, chemicals (agricultural/industrial/household/volatile), toxic or corrosive substances, pesticides, compressed gases, flammable liquids, perfumes, resins, inks, paints, sealants, adhesives, mercury, fireworks, ammunition, flares, nail polish, wax, glue, spray paint, lighter fluid, radioactive substances, pharmaceuticals, dry ice, medical equipment, vaccines or virus samples or anything that would qualify as Dangerous Goods or Hazardous Materials. ☐

Describe the contents of this package if it does contain any of the items listed above. Be specific (i.e. Tablet, smart phone, laptop, alkaline battery, flammable liquids, etc. _____

_____

My signature attests that the information given in this form is true, accurate and complete.

Customer Name (Printed) Customer Signature

SHIPPING INFORMATION (Must be a physical address; No P.O. Boxes for FedEx or UPS.)

Name of Person_____ Phone _____

Name of Company _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip Code _____

Country_____ Postal Code _____

Contents (Required for International Shipments) _____

Email of recipient _____

FOR MAIL SERVICES ONLY: COST $_____ TRACKING NUMBER _____