

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

DGS-OSP 600 (Rev. 9/2015) (Formerly FMC 200)

FULFILLMENT SERVICES
Office of State Publishing (IMS P-6)
344 North 7th Street
Sacramento, CA 95811-0291

Customer Service
(916) 324-4635 or
Toll-Free: 1-800-964-3214
FAX: (916) 324-9908

PRICING UPDATE - Effective July 1, 2014, DGS implemented a statewide annual billing capturing all expenses for the mandated State Standard (STD.) Forms Program. The statewide billing spreads expenses among all state agencies. Due to this statewide billing method, the **Office of State Publishing (OSP)** no longer charges state agencies for individual STD. Forms purchases. For additional pricing information, please visit the following website: <http://www.dgs.ca.gov/osp/Forms.aspx>

Please complete the DGS-OSP 600 to order *hardcopy* STD. Forms and the 2016 State Appointment Calendar.

Effective FY 2015/2016, OSP has a new order form, DGS-OSP 600, which replaces the FMC 200 order form.

Please access this form via the California Forms Directory website: <http://www.documents.dgs.ca.gov/dgs/fmc/dgs/osp600.pdf>

For additional information, please contact Fulfillment Services Customer Service at the numbers above.

Urgent Call-In / Pick-Up Orders Instructions

Urgent orders may be picked up for emergency business needs within a 48-hour timeframe.

Please call the Fulfillment Services Customer Service at the contact numbers above to request pick-up orders.

2016 STATE APPOINTMENT CALENDAR, has been renamed the DGS-OSP 101.

The new calendar is no longer included within the STD. Forms Program. It has become an OSP publication.

A package of 10 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.

A – 2016 DGS-OSP 101 STATE APPOINTMENT CALENDAR <i>(Shipping charges will be added to the total amount.)</i>	B – UNIT PKG 10 calendars per package	C - Enter Unit Package Quantity Below \$10.00 X _____ =	D - Enter TOTAL AMOUNT \$ _____
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1. Section "C"- Fill in the number of unit packages you are ordering above. Multiply the quantity of unit packages times \$10.

2. Section "D" - Place the total dollar amount above.

Please complete the requested information below for all orders.

ORDER DATE:	SIGNATURE OF PERSON AUTHORIZING THE ORDER	ORDERS WITHOUT SIGNATURES or MISSING BILLING CODES WILL BE RETURNED AND NOT PROCESSED
SHIP TO DEPARTMENT:	AUTHORIZING PERSON'S NAME (PRINT OR TYPE)	
OFFICE:	CONTACT PERSON'S NAME:	Place 5-Digit Agency Billing Code Below:
ADDRESS: (PO BOXES NOT ACCEPTED)	EMAIL ADDRESS:	CUSTOMER USE: INTERNAL ORDER NUMBER (Optional)
CITY, STATE, ZIP CODE:	CONTACT PERSON'S PHONE NUMBER:	FULFILLMENT SERVICES USE ONLY: ADDRESS ID #
SPECIAL INSTRUCTIONS:		Call-In / Pick-Up Order Confirmation: Customer Name: Pick-up Date and Time:

To access "fill and print" electronic STD. Forms, visit California Forms Directory website: <https://www.apps.dgs.ca.gov/StatewideFormsWeb/Forms.aspx>

STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY	STD. FORM	UNIT	QTY
65	Pkg/50		204	Pad/50		432	Pad/50		637	Pad/50		687	Pkg/50	
65A	Pkg/50		209	Pad/25		438	Pad/50		637A	Pad/50		689	Pad/50	
65 cont	Box/550		218cont	Box/850		439	Pad/50		640	Pad/50		692	Pkg/25	
66A	Pad/100		236	Pad/100		456A	Pkg/100		644	Pad/25		696	Pkg/25	
75	Pkg/100		254	Pkg/100		457	Pkg/100		645	Pkg/100		699	Pkg/25	
76	Pkg/100		262	Pad/50		501	Pkg/100		664cont	Box/1000		700	Pkg/25	
76 cont	Box/1500		262A	Pad/100		603	Pad/50		671	Pad/50		701R	Pkg/25	
77	Pkg/100		269	Pkg/25		608	Pkg/50		674	Pad/50		703	Pkg/50	
100	Pad/100		270	Pad/25		608A	Pkg/50		674AR	Pad/50		966	Pad/50	
100B	Pkg/100		271	Pkg/5		610	Pkg/50		674D	Pad/50				
106	Book/50		273	Book/1		634	Pad/50		678	Pkg/100				
107	Pad/100		340	Pad/50		636	Pad/50		681	Pad/50				
115	Pkg/100		350A	Pkg/100		636A	Pkg/50		682	Pad/75				
117	Box/250		403	Pkg/50					683	Pad/50				
			404C	Box/2000					686	Pkg/50				