

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

OSP 600 (Rev. 06/2017)

**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://www.dgsapps.dgs.ca.gov/OSP/StatewideFormsWeb/Forms.aspx>.

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

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

**Instructions for Urgent Pick-Up Orders**

Request for urgent orders must be emailed to OSPFS@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.

|  |  |   |  |
|--|--|---|--|
| <b>For 2017 STATE APPOINTMENT<br/>CALENDAR ORDERS ONLY</b><br>(Actual shipping charges will be added.) | <b>UNIT PKG</b><br>10 calendars per<br>package | <b>- Section A -</b><br>Enter Unit Package Quantity<br><br><b>\$10.00</b> x _____ = | <b>- Section B -</b><br>Enter TOTAL AMOUNT<br><br>\$ _____ |
|--|--|---|--|

Due to the high volume of state calendar orders received, please allow up to 30 business days for shipments to arrive.

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.**

| <b>ORDER DATE:</b>                      |          |     | <b>SIGNATURE OF PERSON AUTHORIZING THE ORDER</b> |         |     |          |          |     | <b>IMPORTANT NOTE:</b><br>ORDERS WITHOUT SIGNATURES<br>ORDERS WITHOUT BILLING CODES<br>ORDERS WITH INVALID BILLING CODES<br><b>WILL NOT BE PROCESSED</b><br><br><b>REQUIRED:</b><br>Place 5-Digit Agency Billing Code Below:<br><br><b>FULLFILLMENT SERVICES USE ONLY:</b><br>ADDRESS ID #<br><br><b>Pick-Up Order Schedule Confirmation:</b><br>Customer Name:<br><br>Date and Time: |          |     |          |        |     |
|---|----------|-----|--|---------|-----|----------|----------|-----|---|----------|-----|----------|--------|-----|
| <b>SHIP TO DEPARTMENT:</b>              |          |     | <b>AUTHORIZING PERSON'S NAME (PRINT OR TYPE)</b> |         |     |          |          |     |   |          |     |          |        |     |
| <b>OFFICE:</b>                          |          |     | <b>CONTACT PERSON'S NAME:</b>                    |         |     |          |          |     |   |          |     |          |        |     |
| <b>ADDRESS: (PO BOXES NOT ACCEPTED)</b> |          |     | <b>EMAIL ADDRESS:</b>                            |         |     |          |          |     |   |          |     |          |        |     |
| <b>CITY, STATE, ZIP CODE:</b>           |          |     | <b>CONTACT PERSON'S PHONE NUMBER:</b>            |         |     |          |          |     |   |          |     |          |        |     |
| <b>SPECIAL SHIPPING INSTRUCTIONS:</b>   |          |     |  |         |     |          |          |     |   |          |     |          |        |     |
| STD.FORM                                | UNIT     | QTY | STD.FORM   | UNIT    | QTY | STD.FORM | UNIT     | QTY | STD.FORM  | UNIT     | QTY | STD.FORM | UNIT   | QTY |
| 65                                      | Pkg/50   |     | 107  | Pad/100 |     | 271      | Pkg/5    |     | 608A  | Pkg/50   |     | 682      | Pad/75 |     |
| 65A                                     | Pkg/50   |     | 115  | Pkg/100 |     | 273      | Book/1   |     | 636A  | Pkg/50   |     | 683      | Pad/50 |     |
| 65 cont                                 | Box/550  |     | 117  | Box/250 |     | 350A     | Pkg/100  |     | 637   | Pad/50   |     | 686      | Pad/50 |     |
| 66A                                     | Pad/100  |     | 209  | Pad/25  |     | 404C     | Box/2000 |     | 637A  | Pad/50   |     | 696      | Pkg/25 |     |
| 75                                      | Pkg/100  |     | 218cont  | Box/850 |     | 432      | Pad/50   |     | 644   | Pad/25   |     | 699      | Pkg/25 |     |
| 76 cont                                 | Box/1500 |     | 236  | Pad/100 |     | 438      | Pad/50   |     | 645   | Pkg/100  |     | 700      | Pkg/25 |     |
| 77                                      | Pkg/100  |     | 254  | Pkg/100 |     | 456A     | Pkg/100  |     | 664cont   | Box/1000 |     | 703      | Pkg/50 |     |
| 78                                      | Pkg/20   |     | 262  | Pad/50  |     | 501      | Pkg/100  |     | 671   | Pad/50   |     | 760      | Pad/50 |     |
| 100B                                    | Pkg/100  |     | 262A   | Pad/100 |     | 603      | Pad/50   |     | 674   | Pad/50   |     | 966      | Pad/50 |     |
| 106                                     | Book/50  |     | 269  | Pkg/25  |     | 608      | Pkg/50   |     | 674AR   | Pad/50   |     |          |        |     |

**Attention:** The Standard Forms Program is being eliminated effective July 1, 2017. Most forms are transitioning to an electronic format only. Electronic files are available here: <http://www.dgs.ca.gov/dgs/ProgramsServices/Forms/FMC/Search.aspx>. If you need forms printed, contact your CSR at OSP.