

Declared Value Email address for tracking number

Faculty, Staff & Departmental Mail Services Request Form

RICOH SHIPPING DECLARATION FORM

Required for business and/or personal box or package shipments that are not letter mail or a flat shipping envelope

Date		DECLARATION OF CONTENTS
Name		Does not contain any lithium batteries
		Contains lithium batteries that are 'contained in' equipment
Department		Contains lithium batteries that are 'packed with' equipment.
		Contains 'standalone' lithium batteries. Ground Service Only!
Postage Account		Package 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.
STAMPS	Mail Services Staff Use	(Select the applicable check box)
Quantity Requested	Amount	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.
METERED MAIL Approx # of Pieces		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, perfums, resins, inks, paints, sealants, adhesives, mercury, fireworks, ammunition, flares, nail polish, pesticides, wax, glue, spray paint, lighter fluid, radioactive substances, pharmaceuticals, compressed gases, dry ice, medical equipment, vaccines or virus samples or anything that would qualify as Dangerous Goods or Hazardous Materials.
Postmark Date	Amount	
EDERAL EXPRESS		Describe the contents of this package if it does contain any of the items
Overnight delivery		listed above. Be specific (i.e. tablet, smartphone, laptop, alkaline battery, flammable liquids, etc.):
Home delivery Standard overnight		
Ground 2-Day delivery	Amount	
Send to		
Company Name		
Phone Number		By signing, I confirm that the information given in this form is true, accurate and complete.
Address Line 1		Print Name
Address Line 2		Thic Name
City		Cignoturo
State		Signature
Zip Code		
Country		