United States Postal Service

International Inbound Standard Mail With Residual Shape Surcharge—Permit Imprint

Use this form *only* for pieces subject to the residual shape surcharge. Use Form 3602-R for letters and flats.

Mailer Information

Permit Holder's Name and Address, and Email If Any	Telephone	Name and Address of Mailing Agent *(If other than permit holder)*	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared *(If other than permit holder)*

CAPS Cust. Ref. ID _____

Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Mailing Info.

Post Office of Mailing	Processing Category *(DMM C050)* ☐ Machinable Parcels	Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Number of Containers
Permit No.	☐ Irregular Parcels	Weight of a Single Piece 0 .____ ____ ____ ____ pounds		Total Pieces	

For Mail Enclosed Within Another Class
☐ Periodicals ☐ Bound Printed Matter ☐ Library Mail ☐ Media Mail ☐ Parcel Post

If Sacked, Based on ☐ 125 Pcs. ☐ 15 Lbs. ☐ Both

Total Weight

Postage Computation (DMM P013)

	Number of Pieces	Fee per Piece	
For Presorted Nonletters		Total From Part E *(On reverse)*	
For Enhanced Carrier Route (ECR) Pieces Sequencing Date:		Total From Part F *(On reverse)*	
For All Other Pieces		Total From Part G *(On reverse)*	
For Residual Shape Surcharge for 3/5 and Basic		x $0.18	
For Residual Shape Surcharge for Enhanced Carrier Route		x $0.15	
For Special Services and Other Fees *(3/5 and Basic only)*	Total From Attached Form 3540-S		
Subtotal *(Add lines above)* ⟶			
Barcoded Discount *(3/5 and Basic machinable parcels only)*	Number of Pieces	x $0.03	

Postmaster: Report total postage in **AIC 240.**

Total Postage *(Subtract barcoded discount from subtotal)* ⟶

For USPS Use Only: Additional Postage Payment *(State reason)*

Postmaster: Report total adjusted postage in **AIC 240.**

Total Adjusted Postage *(Add additional postage to total postage)* ⟶

Certification

The signature of a mailer certifies that he or she will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that he or she is authorized to sign this statement, that the certification binds the agent and the mailer, and that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

I hereby certify that all information furnished on this form is accurate, truthful, and complete; that this mailing meets all applicable CASS/MASS standards including but not limited to those for completion of PS Form 3553 and address and barcode accuracy; that the material presented qualifies for the rates of postage claimed; and that this mailing does not contain any hazardous materials prohibited by postal regulations.

I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

☐ **For ZIP Codes** *(Presorted rates only):* I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

Signature of Permit Holder or Agent *(Both principal and agent are liable for any postage deficiency incurred.)*	Telephone

USPS Use Only

Weight of a Single Piece 0 .___ ___ ___ pounds	Are figures at left adjusted from mailer's entries? ☐ Yes ☐ No If "Yes," Reason	
Total Pieces	Total Weight	
Total Postage		Round Stamp *(Required)*

Check One *(If applicable)*
☐ Presort Verification Not Scheduled   ☐ Presort Verification Performed as Scheduled

Date Mailer Notified	Contact	By *(Initials)*

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation *(and presort where required);* (3) proper completion of postage statement; and (4) payment of required annual fee.

Verifying Employee's Signature	Verifying Employee's Name	Time AM PM

International Inbound Standard Mail With Residual Shape Surcharge — Permit Imprint

E — Presorted Rates — Pieces 3.3 Oz. *(0.2063 Lb.)* or Less

Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
None	E1. 3/5 Nonletter	.266 x	_____ pcs. =	$_____
	E2. Basic Nonletter	.322 x	_____ pcs. =	$_____
DBMC	E3. 3/5 Nonletter	.247 x	_____ pcs. =	$_____
	E4. Basic Nonletter	.303 x	_____ pcs. =	$_____
DSCF	E5. 3/5 Nonletter	.242 x	_____ pcs. =	$_____
	E6. Basic Nonletter	.298 x	_____ pcs. =	$_____

Total — Part E *(Carry to front of form)* $_____

F — ECR Rates — Pieces 3.3 Oz. *(0.2063 Lb.)* or Less

Entry Discount	Presort Discount	Rate per Piece	Number of Pieces	Total
None	F1. Saturation Nonletter	.149 x	_____ pcs. =	$_____
	F2. High Density Nonletter	.156 x	_____ pcs. =	$_____
	F3. Basic Nonletter	.178 x	_____ pcs. =	$_____
DBMC	F4. Saturation Nonletter	.130 x	_____ pcs. =	$_____
	F5. High Density Nonletter	.137 x	_____ pcs. =	$_____
	F6. Basic Nonletter	.159 x	_____ pcs. =	$_____
DSCF	F7. Saturation Nonletter	.125 x	_____ pcs. =	$_____
	F8. High Density Nonletter	.132 x	_____ pcs. =	$_____
	F9. Basic Nonletter	.154 x	_____ pcs. =	$_____
DDU	F10. Saturation Nonletter	.120 x	_____ pcs. =	$_____
	F11. High Density Nonletter	.127 x	_____ pcs. =	$_____
	F12. Basic Nonletter	.149 x	_____ pcs. =	$_____

Total — Part F *(Carry to front of form)* $_____

G — All Other Pieces More Than 3.3 Oz. *(0.2063 Lb.)*

Entry Discount	Presort Discount	Rate	Number of Pieces / Pounds	Total
None	G1. Saturation ECR	.017 x	_____ pcs. =	$_____
	plus	.638 x	_____ lbs. =	$_____
	G2. High Density ECR	.024 x	_____ pcs. =	$_____
	plus	.638 x	_____ lbs. =	$_____
	G3. Basic ECR	.046 x	_____ pcs. =	$_____
	plus	.638 x	_____ lbs. =	$_____
	G4. 3/5 Presorted	.128 x	_____ pcs. =	$_____
	plus	.668 x	_____ lbs. =	$_____
	G5. Basic Presorted	.184 x	_____ pcs. =	$_____
	plus	.668 x	_____ lbs. =	$_____
DBMC	G6. Saturation ECR	.017 x	_____ pcs. =	$_____
	plus	.545 x	_____ lbs. =	$_____
	G7. High Density ECR	.024 x	_____ pcs. =	$_____
	plus	.545 x	_____ lbs. =	$_____
	G8. Basic ECR	.046 x	_____ pcs. =	$_____
	plus	.545 x	_____ lbs. =	$_____
	G9. 3/5 Presorted	.128 x	_____ pcs. =	$_____
	plus	.575 x	_____ lbs. =	$_____
	G10. Basic Presorted	.184 x	_____ pcs. =	$_____
	plus	.575 x	_____ lbs. =	$_____
DSCF	G11. Saturation ECR	.017 x	_____ pcs. =	$_____
	plus	.524 x	_____ lbs. =	$_____
	G12. High Density ECR	.024 x	_____ pcs. =	$_____
	plus	.524 x	_____ lbs. =	$_____
	G13. Basic ECR	.046 x	_____ pcs. =	$_____
	plus	.524 x	_____ lbs. =	$_____
	G14. 3/5 Presorted	.128 x	_____ pcs. =	$_____
	plus	.554 x	_____ lbs. =	$_____
	G15. Basic Presorted	.184 x	_____ pcs. =	$_____
	plus	.554 x	_____ lbs. =	$_____
DDU	G16. Saturation ECR	.017 x	_____ pcs. =	$_____
	plus	.498 x	_____ lbs. =	$_____
	G17. High Density ECR	.024 x	_____ pcs. =	$_____
	plus	.498 x	_____ lbs. =	$_____
	G18. Basic ECR	.046 x	_____ pcs. =	$_____
	plus	.498 x	_____ lbs. =	$_____

Total — Part G *(Carry to front of form)* $_____