

eVS Participant Checklist

Requirements	Comments	<input checked="" type="checkbox"/>
1. Register for eVS participation via the Business Customer Gateway	<p>Go to https://gateway.usps.com/bcg/login.htm to</p> <ul style="list-style-type: none"> • Create user account if one does not exist • Create company profile if one does not exist • Add PostalOne! access to current profile by selecting "Manage Mailing Activity" from the "Request Access" link • Add eVS to current profile by selecting "Manage Electronic Verification Activity (eVS)" under the "Track & Report" heading • Request MID for eVS usage by selecting "Mailer ID" under "Design & Prepare" heading 	<input type="checkbox"/>
2. Open a unique eVS permit and pay Application Fee	<ul style="list-style-type: none"> • Must be unique for eVS use only • Application fee may be paid via ACH, Check, Credit Card, Money Order or Wire. • Complete a PS Form 3615 <ul style="list-style-type: none"> • To pay by Credit Card ; Fax the PS Form 3615 and a coversheet to: NCSC @ (901) 681-4409 • To pay by check or money order mail to: Accounts Receivable National Customer Support Center 6060 Primacy Parkway Suite 231 Memphis, TN 38119-5772 • To pay by ACH or Wire call: NCSC @ (901) 681-4658 • Link the permit to the eVS company profile in the Business Customer Gateway 	<input type="checkbox"/>
3. Annual mailing fees	Pay annual mailing fees (for Presorted First-Class Mail, Standard Mail, Parcel Select (destination entry), Presorted Media Mail, Presorted Library Mail, Bound Printed Matter (destination entry))	<input type="checkbox"/>
4. Centralized Account Processing System (CAPS) Account Forms available at http://caps.usps.gov/capsform.asp	<p>A current CAPS debit account may be used. The following forms must be used to open account as needed:</p> <ul style="list-style-type: none"> • PS Form 6001, CAPS Account Application — Application for establishing a new national CAPS account. • PS Form 6002, Accounts and Services to be Paid Through CAPS — Form for listing the local account numbers the customer wants to link to the CAPS account. • PS Form 6003, CAPS Electronic Funds Transfer Authorization Agreement — Form for authorizing the Postal Service to debit the customer's bank account. • Link accounts to eVS Washington DC 20260 	<input type="checkbox"/>
5. Complete eVS manifest mailing system application	Application must have all mailer required sections completed	<input type="checkbox"/>
6. Complete PS Form 5051 and Form 1357-S to set up account and receive logon for Product Tracking System	<p>Submit to the following address:</p> <p>eVS Help Desk National Customer Support Center United States Postal Service 6060 Primacy Pkwy Ste 101 Memphis TN 38188-0001</p> <p>Note: This logon will allow you to transmit electronic manifest files and access extract files for parcels with any of your eVS MIDs</p>	<input type="checkbox"/>
Note: Mailers may not submit test files for certification if they have not completed registration in the Business Customer Gateway and successfully linked their eVS permit to their eVS profile.		
7. Transmit test file(s) to eVS PostalOne!	This process will test your communication process and file content for compliance with eVS <i>PostalOne!</i> Based on your application, the eVS Helpdesk will notify you of the requirements of the test file.	<input type="checkbox"/>
8. Submit sample labels for certification with PS Form 5052	Based on your application, the eVS Helpdesk will notify you of the label requirements for your Master MID and any package MIDs.	<input type="checkbox"/>
9. Parallel Test	<p>If you want to see potential adjustments and work through start up issues without being billed through eVS for payment or adjustments, it is recommended that you complete a parallel process. You will create eVS mailings and submit eVS files while continuing to present hard copy postage statements and manifests for payment through the local permits at existing manifest mailing locations.</p> <p>If you do not want to complete a parallel test, you will be subject to any adjustments due the after start up.</p>	<input type="checkbox"/>
10. Receive authorization to mail	After the process has been completed you will receive authorization to mail eVS for the mail classes that were requested and tested.	<input type="checkbox"/>

Mailing Permit Application and Customer Profile

Instructions available on reverse

Two forms of identification are required when submitting this application. One form of ID must contain a photograph of the applicant(s). The applicant must enter the two ID numbers on line 8a and line 8b which is subject to verification by the postal employee completing the application. Social Security cards, credit cards and birth certificates are not acceptable forms of identification.

A. Applicant Information (Please print or type requested information)			
1. Mail Owner (Individual or Company Name)		2. Date	
3. Applicant's Signature *(See Privacy Notice below)		4. Email Address (required if known)	
5. Address (Street and number, apt. or suite no., city, state, and ZIP + 4®)			
6. Other Names Under Which Company Does Business (If applicable)		7. How Can We Contact You?	
		<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
8a. Enter first ID number.	9. Federal Agency Cost Code (If applicable)	10. Will Present Plant Verified Drop Shipment (PVDS)?	
	— — — — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8b. Enter second ID number.	11. Contact Person	12. Telephone No. (Include area code)	

B. Check Applicable Type of Permit/Authorization Requested		For Postal Service™ Use Only			
Will you be mailing anything that is liquid, fragile, perishable, or potentially hazardous? See DMM 601 Yes <input type="checkbox"/> No <input type="checkbox"/>		Permit Number	Date Issued	Date Canceled	Sample Approved
1. <input type="checkbox"/> Permit Imprint Authorization (One time Application fee required)* First-Class® Mail <input type="checkbox"/> Standard Mail® <input type="checkbox"/> Package Services <input type="checkbox"/> Company Permit Imprint <input type="checkbox"/>					
2. <input type="checkbox"/> Precanceled Stamp Authorization*					
<input type="checkbox"/> Government Precanceled Stamped Envelope Authorization*					
Mailer Precanceled Postmark/Preprinted Rate Markings Authorization* See DMM 604.3 Preprinting of Rate Markings <input type="checkbox"/> Mailer Precancel Postmark <input type="checkbox"/>					
3. <input type="checkbox"/> Postage Evidencing System (Meter/PC Postage™) Authorization*					
4. <input type="checkbox"/> Business Reply Mail™ (BRM) Authorization**					
a. Post Office™ (Station or Branch) where BRM will be received:		(a)			
b. Post Office where BRM permit number was issued and annual fee was paid, if applicable:		(b)			
<input type="checkbox"/> Business Reply Mail Account Maintenance Fee (For advance deposit account)***					
<input type="checkbox"/> Qualified Business Reply Mail™ (QBRM) Approved***					
5. <input type="checkbox"/> Merchandise Return Service (MRS) Authorization (Select below)***					
a. Type of Application	b. Return Location	If Multiple Return locations are selected, complete appropriate section on back of form.			
Initial <input type="checkbox"/>	Single <input type="checkbox"/>				
Reapplication <input type="checkbox"/>	Multiple <input type="checkbox"/>				
		* Annual mailing fee is required to present presorted mail			
		** Annual permit fee required			
		*** Annual permit and annual account maintenance fee required			

Permit Imprint Authorization

(Please keep this card for your records. Instructions available on reverse.)

Permit Number	Date Permit Issued	Issuing Office
Application Fee Due	AIC	
\$	140	
Postmaster or Designee Signature		

Authorization for Precanceled Stamps or Postage Evidencing Systems (Meter/PC Postage) to Present Presorted Mail in Bulk

(Please keep this card for your records. Instructions available on reverse.)

Permit Number	Date Permit Issued	Issuing Office
Postmaster or Designee Signature		

Business Reply Mail Authorization

(Please keep this card for your records. Instructions available on reverse.)

Permit Number	Date Permit Issued	Issuing Office
Fee Due	AIC	
\$	134	
BRM w/Advance Deposit Account Maintenance Fee Due \$	AIC	
	116	
Postmaster or Designee Signature		

Merchandise Return Service Authorization

(Please keep this card for your records. Instructions available on reverse.)

Permit Number	Date Permit Issued	Issuing Office
Fees Due	AIC	
\$	141	
Postmaster or Designee Signature		

Standards for Mailing Using Permit Imprints

1. The content and format must meet the standards in the *Domestic Mail Manual (DMM®)*.
 2. Mail must be presented and accepted where the permit was issued unless permitted by other applicable standards.
 3. Payment for each mailing must be made when the mailing is presented at the Post Office.
 4. Mail must not be deposited in street collection boxes.
 5. Minimum quantities apply and all pieces must be of identical weight, unless otherwise authorized.
- NOTE:** Application fee applies. Annual fees apply to presort or destination entry mail.

Standards for Precanceled Stamps or Postage Evidencing Systems (Meters/PC Postage) to Present Presorted Mailings

Presorted mail must:

1. Be presented for acceptance and verification where the permit is held.
2. Not be deposited in street collection boxes.
3. Bear markings and endorsements required for the rate claimed or service requested.
4. Bear a complete return address (*Precanceled stamp mail*).

NOTE: Annual fees apply to presort or destination entry mail. Obtain appropriate meter slug from meter manufacturer.

Standards for Business Reply Mail (BRM)

1. Permit holder guarantees payment for proper First-Class™ postage, plus a per-piece fee.
2. No extra services are permitted.
3. Mail may not be converted for any other purpose than that intended by the permit holder.
4. Format requirements apply.
5. Annual permit applies.
6. Annual account maintenance fee may apply.

Standards for Merchandise Return Service (MRS)

1. Permit holder guarantees payment of proper postage and extra service fees (except for extra service fees purchased by the customer) on all parcels returned via a special label produced by the permit holder.
2. Extra services are available.
3. Format samples must be approved before using MRS.
4. Annual permit fee applies.
5. Annual account maintenance fee applies.
6. Foreign services are unavailable.

Instructions (For information about postage payment methods and permits, please refer to the DMM)

This form creates a comprehensive file about customers who use these services, including a record of customers mailing in bulk with meter postage affixed and those who are presenting plant verified drop shipment (PVDS) or approved for Qualified Business Reply Mail (QBRM) rates. This form also documents when permits were issued or canceled, initial fees paid, and samples approved. You may use one form and update it as needed. If files are kept in separate locations, you may use a separate form for each service.

How to Complete This Form

Section A, Applicant Information

1. Enter applicant's name and company/agency name under which mailings will be entered.
2. Enter the date application was completed.
3. Signature of person completing form.
4. Applicant's email address or contact email address.
5. Enter the complete company mailing address.
6. Enter all other names under which company does business.
7. Enter method(s) of contact.
8.
 - a. Complete first form of identification number.
 - b. Complete second form of identification number.
9. Complete if applicant is a federal agency presenting mail under Official Mail Accounting System (OMAS).
10. Indicate whether mailer is or will be presenting plant verified drop shipments (PVDS). (For informational purposes only).
11. Enter the name of the contact person (a person with whom Postal Service personnel can discuss mailing differences, etc.).
12. Enter the telephone number (*include area code*) of contact person named in item 11.

Mailability, DMM 601

- 1.0 General Standards
- 2.0 Packaging
- 3.0 Acceptable Mailing Containers
- 4.0 Cushioning, Closure, and Reinforcement
- 5.0 Handling, Content, and Extra Service Markings
- 6.0 Mailing Containers—Special Types of Envelopes and Packaging
- 7.0 Packaging Standards for Mail Processed at Bulk Mail Centers
- 8.0 Nonmailable and Restricted Articles and Substances Generally
- 9.0 Perishables
- 10.0 Hazardous Materials
- 11.0 Other Restricted and Nonmailable Matter
- 12.0 Written, Printed, and Graphic Matter Generally

Section B, Check Type of Permit/Authorization Requested

1. Complete if mailer will mail using a permit imprint.
2. Complete if mailer will mail using:
Precanceled stamps.
Government precanceled stamped envelopes.
 - a. Mailer precanceled postmark.
 - b. Preprinted rate markings authorization (check appropriately).
3. Complete if mailer will mail using a postage evidencing system (Meter/PC Postage).
4. Complete if mailer applies for a Business Reply Mail permit.
 - a. Post Office (Station or Branch) where mail will be received.
 - b. Post Office where BRM permit number was issued/annual fee was paid, if applicable.Check if Business Reply Mail Annual Account Maintenance Fee was paid.
Complete/check if Qualified Business Reply Mail (QBRM) Approved.
5. Complete if mailer requests a Merchandise Return Service (MRS) authorization.
 - a. Check "Initial" if a first-time applicant for Merchandise Return Service. NOTE: Check "Reapplication" if mailer has been denied and wants to reapply.
 - b. Indicate whether mailer will return MRS at single or multiple locations.

REMINDER:

- * **Annual mailing fee is required to present presorted mail**
- ** **Annual permit fee required**
- *** **Annual permit and annual account maintenance fee required**

What to Give the Customer

Complete and detach the coupon corresponding to the service(s) requested and give to the customer. Advise the customer to keep their coupon(s) to reference the account(s). Customers should keep the coupon(s) along with their copy(ies) of PS Form 3544, *Post Office Receipt for Money*, which they will receive after paying the required fee.

How to File This Form

File the form alphabetically by customer's business name. Post Offices where records are maintained manually must use PS Form 3609, *Record of Permit Imprint Mailings*, to establish a corresponding numerical record of permit holders. Use PS Form 25, *Trust Fund Account*, for all other services. Post Offices with a mail classification automated system (such as the *Postal One!®* system) that provides computation and individual customer account recordkeeping need not maintain a separate manual record.

Multiple Return Locations (See B5 on front)

Enter City, State, and 5-digit ZIP Codes™ for each location. Attach spreadsheet to this application if there are more than 12 multiple return locations.

1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.

Shaded Boxes for US Postal Service use Only

Original PS 1357-S Located at:

U.S. Postal Service

Logon ID Assigned

Request for Computer Access

(Instructions for completing form on reverse side.)

Section A: User Identification

1. Requestor's Name	2. eAccess Unique ID or Last 4 Digits of SSN	3. Area N/A	4. Finance No. N/A
5. Requestor's Job Title	6. Employment Status (<i>Check one</i>) <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Career <input type="checkbox"/> Casual <input type="checkbox"/> Foreign <input checked="" type="checkbox"/> Nonpostal		
7. USPS Organization/Department N/A	8. USPS or Company Mailing Address (Include ZIP+4)		
9. Telephone No.			
10. District Code and Name N/A			

11. User Responsibility Agreement Statement

I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

(Read Privacy Act Statement on reverse side before signing. Note: Privacy Act Statement **MUST** be on reverse side of this form.)

Signature

Date

12. Manager Responsibility Agreement Statement

I agree that modifications to existing service agreements will require additional PS Form 1357 requests. I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

USPS Manager's Name (Please print) Logon ID Signature Date Telephone No.

Section B: Computer Access Requested**13a. Describe Support Required**☒ Logon ID (Circle one): New Change Delete☐ DDE/DR: Access Code: _____ User Type: _____☒ Facility Where Access Is Required: **Eagan Data Center****San Mateo Data Center**☐ List Existing Logon IDs & Facilities: _____**Access for Delivery Confirmation System**

- ☐ PPP Dial-up Account Access to:
PTSMFTP.USPS.GOV
☐ Internet Access

Access for Confirm System

- ☐ Web Site Access
☐ File Transmission Account

Access for Entry Information System

- ☐ Web Site Access
☐ File Transmission Account

Access for Performance Reporting System

- ☐ Web Site Access

13b. Resource Name (Additional room is available on the reverse side)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

Section C: Computer Access Approvals**14. Contractor Information (Must be completed by the Contracting Officer's Representative (COR))**

a. Does the Contract Contain Provisions for (Circle Yes or No):

- | | | |
|--|-----|----|
| 1. Screening? | Yes | No |
| 2. Security of Information? | Yes | No |
| 3. Privacy of Information? | Yes | No |
| 4. Contractor Screening by the Inspection Service? | Yes | No |

b. Contract Number: _____

c. Contract Expiration Date: _____

d. USPS Organization/Department: _____

15. USPS COR's Name (Please Print)	Signature	Date	Telephone No.
16. Functional System Coordinator's Name (Please Print)	Signature	Date	Telephone No.
17. Logon ID Administrator's Name (Please Print)	Signature	Date	Telephone No.

Instructions for Completing PS Form 1357-S

Note: Please print all entries except for signatures. Incomplete information may cause delays in implementation or return of this form.

Section A: User Identification

1. Print your full name.
2. Enter your eAccess Unique Identifier or last 4 digits of Social Security Number.
3. Enter your Area.
4. Enter your Finance Number.
5. Enter your official job title.
6. Enter your employment status.
7. Specify your work organization.
8. Enter your USPS or company mailing address (include ZIP+4).
9. Enter your telephone number.
10. Enter your District Code and District Name, if applicable.
11. Read and understand the User Responsibility Agreement Statement * and Privacy Act Statement (printed below) before signing and dating this document.
12. Your USPS manager must read and understand the Manager Responsibility Agreement Statement * prior to affixing his/her name, Logon ID (Unique Identifier), signature, date, and phone number.

Section B: Computer Access Requested

13a. Please check, circle, and describe the support that you will require. Specify any system compilers or other special software required in support of your request. Include all data access (CICS transaction IDs, IDMS codes, etc.) requirements or any special security required of the system or data. Include any support services (data entry, etc.) needed. Estimate the number of service hours required per week in support of your request. Special access request to the DDE/DR system will require DDE/DR Functional System Coordinator to supply the access code and user type.

13b. Enter the name of the application(s) or resources to which access is sought.

13c. Specify if applications or files within applications are sensitive or proprietary.

13d. Specify the appropriate access level to applications and files.

READ access allows a user to read and copy, but not to change a filename or its contents.

WRITE access allows a user to change the contents of or delete a file, to create files within a catalog or directory, and may permit renaming and relocating files.

EXECUTE access allows a user to execute or use a program file, but generally not to see or change it.

ALLOCATE access allows a user to delete, rename, catalog, uncatalog, or archive a file.

Section C: Computer Access Approvals

14a-d. The Contracting Officer's Representative (COR) will complete this block -- reference the Administrative Support Manual (ASM); Procurement Manual (PM); and Handbook AS-805. If the contractor has not been screened, the contractor must complete and attach PS Forms 2025 and 2181 with this request.

15. The COR will complete Block 14 before entering his/her name, signature, date, and phone number.

16. To approve grants of access, the Functional System Coordinator enters his/her name, signature, date, and phone number.

17. The person (Logon ID Administrator) responsible for creating a logon ID for a user enters his/her name, signature, phone number, and date. The Logon ID Administrator must also indicate in the upper left hand corner of PS Form 1357-S where the original of this PS Form 1357-S will be kept and in the upper right hand corner the Logon ID assigned.

* Additional responsibilities can be found in Handbook AS-805 and Administrative Support Manual (ASM).

Privacy Act Statement

The collection of this information is authorized by 39 U.S.C. 401 and Public Law 100-235, Computer Security Act of 1987. This information will be used to assign computer logon IDs by which access to data and/or files on computer systems is limited to authorized persons through the use of computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA; where pertinent, in a legal proceeding to which the USPS is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the USPS; to an expert or consultant under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed against the USPS under 29 CFR 1613; and to the Merit Systems Protection Board or Offices of Special Counsel for proceedings involving possible prohibited personnel practices. Completion of this form is voluntary; however, if this information is not provided, you may not be granted a computer logon ID.

13b. Resource Name (Continued from front)	13c. Sensitive or Proprietary	13d. Access Level Required (See instructions)

The electronic option for confirmation services is available to mailers who establish an electronic link with the USPS to exchange acceptance and delivery data. No mailing receipt is provided. Depending on the service you are requesting, you will have to complete this form and submit additional information.

A. Customer Information*(Please print or type)*

1. Mailer Identification Number (MID)	8. How will you send your electronic file? a. <input type="checkbox"/> Internet FTP b. <input type="checkbox"/> No Transmission From This Site: <i>Labels only</i>
2. Company Name	
3. Company Street Address	
4. City	9. Will you be using vendor software? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No
5. State and ZIP+4®	If purchasing a shipping/manifesting system, you can obtain a listing of confirmation Services Certified Vendors at <i>usps.com</i> ; search on "Certified Vendors" or select a vendor of your choice.
6. Company Primary Contact a. Name: b. Telephone Number (Area Code and Ext.): c. Fax: d. Email Address:	If Yes, provide name of software vendor and product name: Company or Vendor: Shipping System Name: Are you a Service Provider/Consolidator? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Technical Contact a. Name: b. Telephone Number (Area Code and Ext.): c. Fax: d. Email Address:	If No, give Service Provider/Consolidator Company name: 10. Will you print your own barcoded labels? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Service Requested and Optional Customer Information

11. Select service(s) desired:

Delivery/Signature Confirmation (Complete front page of this form and PS Form 1357-S (if transmitting files), *Request for Computer Access* (usps.com/forms/allforms.htm).

Electronic Verification System (eVS) includes Delivery/Signature Confirmation (Complete front page of this form, PS Form 1357-C, *Customer Request for Web Access* (usps.com/forms/allforms.htm) and Appendix B in Publication 205 (usps.com/publications/pubs/welcome.htm).

☐ Parcel Return Service (PRS) (Complete front page of this form and PS Form 1357-C, *Customer Request for Web Access* (usps.com/forms/allforms.htm)).
Complete an individual PS Form 1357-C for each point of contact.

☐ Priority Mail Open and Distribute (PMOD) (Complete front page of this form and PS Form 1357-S (if transmitting files), *Request for Computer Access* (usps.com/forms/allforms.htm)).

☐ Express Mail Open and Distribute (EMOD) (Complete front page of this form and PS Form 1357-S (if transmitting files), *Request for Computer Access* (usps.com/forms/allforms.htm)).

12. Please provide additional information unique to your process, or discuss other issues.

13. Name of Person Completing Application	14. Date
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Instructions

1. Obtain a Mailer ID (MID) via the Business Customer Gateway. Go to <http://www.usps.com/> and select the Business Customer Gateway located on the bottom right-hand corner of the web page. The mailer must logon as an existing user or register for a business account as a new user to gain access to the Business Customer Gateway and request the Mailer ID service. Once the mailer has access to the Mailer ID System, he or she will select the "Mailer ID" link to obtain an MID.

2. Fax, e-mail or mail certification documentation (PS Form 5051, PS Form 1357-S, PS Form 5052, and labels to USPS.

Mail to the following address:

National Customer Support Center
United States Postal Service
6060 Primacy Parkway Suite 101
Memphis TN 38188-0001

Or e-mail your forms to: dconfirm@usps.gov

Or fax your forms to: 901-821-6244

3. You will receive the certification test instructions and login ID(s) from the Postal Service for the requested certification types you requested in Item 11 on page 1. Call Technical Support at 877-264-9693, Option 1, to receive password(s).

4. Create an electronic test file that represents 10 packages per printer.

5. If you are printing your own labels, print 10 labels for each printer. The printed barcoded labels must match the package identification codes in the file.

a. Complete the PS Form 5052, *Confirmation Services Printer Verification*. (Available at <http://www.usps.com/forms/confirmservices.htm>).

b. If there are issues with the labels and/or file, you will be contacted by the National Customer Support Center (NCSC).

6. After successfully completing certification, you will receive PS Form 3152, *Confirmation Services Certification*, and an acceptance letter from the U.S. Postal Service. If requested, you will need to present a copy of this form to your local Postal Service facility as proof that you are eligible for mailing at the electronic rate.



Printer Certification Submission

Customer Information

(Please print or type)

1. Company/Customer Name		2. Date	3. Company Web site
4. Street Address (No., street, ste. no., city, state, ZIP + 4®)		5. Point(s) of Contact	
		6. E-mail Address of Company Point(s) of Contact	
7. Phone Number and Extension	8. Fax Number	9. Mailer ID	

One Printer Certification Form must be completed for each site that will be printing labels

1. Are you applying for electronic file certification and printer certification?

Yes ☐ No ☐

2. Are you applying for printer certification only?

Yes ☐ No ☐

Instructions for providing printer information

Enclose, with this form, the labels from each printer that will be used to print labels with bar code numbers (minimum 10 per printer). List those printers below with their brand names, model numbers, and serial numbers. On each group of labels from one printer, write on the first label or attach a note indicating the printer number from the list below.

Printer Number	Printer Brand Name	Printer Model Number	Printer Serial Number

Send completed form, with the labels enclosed and identified by printer number, to:

ATTENTION: CONFIRMATION SERVICES CERTIFICATION SUPPORT
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 101
MEMPHIS TN 38188-0001

Signature of Contact Person _____ Date _____

Privacy Notice: See our Privacy Policy on USPS.com®