



CASS™ Internet File Transfer Application

Technical Contact (One contact per company/physical location)

| | | | |
|---|--------------------------------|---------------|---------------|
| Name | | Job Title | |
| Company Name | | Urbanization | |
| Street Address, P.O. Box, Rural/Hwy Contract, or Route Number | | | Apt/Suite |
| City | | State | ZIP + 4® Code |
| Telephone Number (Include area code) | Fax Number (Include area code) | Email Address | |

Administrative/General Contact (Complete only if information differs from above)

| | | | |
|---|--------------------------------|---------------|-----------|
| Name | | Job Title | |
| Company Name | | Urbanization | |
| Street Address, P.O. Box, Rural/Hwy Contract, or Route Number | | | Apt/Suite |
| City | | State | ZIP + 4 |
| Telephone Number (Include area code) | Fax Number (Include area code) | Email Address | |

Marketing/Sales Contact (Complete only if information differs from above)

| | | | |
|---|--------------------------------|---------------|-----------|
| Requestor's Name | | Job Title | |
| Company Name | | Urbanization | |
| Street Address, P.O. Box, Rural/Hwy Contract, or Route Number | | | Apt/Suite |
| City | | State | ZIP + 4 |
| Telephone Number (Include area code) | Fax Number (Include area code) | Email Address | |

CASS Customers

I request that my certification be maintained in US Postal Service documents and records as (select one):

Integrator/Manufacturer Vendor/Service Bureau
 I do not wish to be listed in any postal publication or on the internet. I am applying for manufacturer certification I am applying for user-defined certification.

- Please initial by each requirement.
- _____ The responses provided on CASS Stage II certification files will be obtained using the same configuration used for processing customer/client address files.
 - _____ Any modifications to software or to the configuration used to process a Stage II file will require recertification prior to use or release.
 - _____ CASS Stage II files will be processed with in-house, company-owned or leased software/hardware.
 - _____ All answers will be written to Stage II files via batch processing without manual intervention.
 - _____ The software used to process CASS Stage II files contain technology that disables access to outdated U.S. Postal Service® data in accordance with DMM® 708.3.
 - _____ When software attempting certification is used interactively, it does not allow automated selection of an individual record from a list of multiple candidates.
 - _____ End-users of this address matching software product are advised that any modification voids CASS certification.
 - _____ I have read and understand the requirements above and realize that any misrepresentation or failure to comply with these requirements will result in decertification.

| |
|--|
| Company Official Contact Name (Please print) |
| Company Official Contact Signature |
| |

Mail this completed form to

CASS INTERNET SERVICE REQUESTS
 ADDRESS MANAGEMENT
 UNITED STATES POSTAL SERVICE
 6060 PRIMACY PKWY STE 101
 MEMPHIS TN 38188-0001
 Telephone Number: 800-642-2914
 Fax Number: 901-681-4440