

United States Postal Service®
**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) _ _ _ _ _
8b. Enter second ID number.	10. Will Present Plant Verified Drop Shipment (PVDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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* a. Preprinting of Rate Markings <input type="checkbox"/> b. 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 Initial <input type="checkbox"/> Single <input type="checkbox"/> Reapplication <input type="checkbox"/> Multiple <input type="checkbox"/> If Multiple Return locations are selected, complete appropriate section on back of form.				

* 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.

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.

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 Code 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.

PS Form 3615, February 2008 (Reverse)

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

REMINDER:

* **Annual mailing fee is required to present presorted mail**

** **Annual permit fee required**

*** **Annual permit and annual account maintenance fee required**

Detached from Form 3615, February 2008



Customer Request for Web Access

A. Customer Identification

1. Name	2. Last 4-Digits of SSN
3. Job Title	4. Telephone Number <i>(Include area code)</i>
5. Company Name	6. Email Address
7. Business Address	8. Corporate HQ Location <i>(If different from your Business Address)</i>

B. Customer Computer Access Authorization

1. USER RESPONSIBILITY AGREEMENT STATEMENT: I am responsible for the Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. Access to computer data or files not authorized to me is prohibited. My logon ID may be suspended indefinitely if I violate security procedures. Misuse of a USPS computer system will be reported to the US Postal Inspection Service. The Postal Service reserves the right to monitor the network to identify unauthorized attempts to upload or change information, or otherwise cause damage. Read the Privacy Act statement before signing. Note: The Privacy Act statement MUST be on this form.

I certify that I have read and understand the foregoing and the Privacy Act statement below. Additional responsibilities can be found in Handbook AS 805, *ADP Security*, and in the *Administrative Support Manual*.

Requestor's Signature

Date

2. Application Name(s)

3. SITE ADMINISTRATOR RESPONSIBILITY STATEMENT: I authorize this person to have access to USPS web application(s). I agree that the logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon transfer or termination of user, I will advise the USPS Computer Systems Security Office in writing as the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and files and/or data.

Additional responsibilities can be found in Handbook AS 805, *ADP Security*, and in the *Administrative Support Manual*.

Company Site Administrator's:

a. Name
d. Signature

b. Last 4-Digits of SSN	c. Date
e. Telephone Number <i>(Include area code)</i>	

C. USPS Computer Access Approval

1. USPS Functional System Coordinator	a. Signature	b. Date	c. Telephone
2. USPS Login ID Administrator	a. Signature	b. Date	c. Telephone

D. Privacy Act Statement

The collection of this information is authorized by 39 USC 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 a computer system is limited to authorized persons through the use of a computer security access control products. As a routine use, this information may be disclosed to a congressional office at your request; to OPM for review of private relief legislation; to labor organizations 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 hiring, contracting, or licensing by the requesting agency; to an expert or consultant under contract with USPS to fulfill an agency function; to Federal Records Center for storage; to Merit Systems Protection Board or Office 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.

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 it's 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)

<p>1. Company Name</p> <hr/> <p>2. Company Street Address</p> <hr/> <p>3. City</p> <hr/> <p>4. State and ZIP+4®</p> <hr/> <p>5. Company Primary Contact</p> <p>a. Name:</p> <p>b. Telephone Number <i>(Area Code and Ext.)</i>:</p> <p>c. Fax:</p> <p>d. Email Address:</p> <hr/> <p>6. Technical Contact</p> <p>a. Name:</p> <p>b. Telephone Number <i>(Area Code and Ext.)</i>:</p> <p>c. Fax:</p> <p>d. Email Address:</p>	<p>7. How will you send your electronic file?</p> <p>a. <input type="checkbox"/> Internet FTP</p> <p>b. <input type="checkbox"/> No Transmission From This Site: <i>Labels only</i></p> <hr/> <p>8. Will you be using vendor software? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No</p> <p>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.</p> <p>If Yes, provide name of software vendor and product name: Company or Vendor:</p> <p>Shipping System Name:</p> <p>Are you a Service Provider/Consolidator? YES____ NO____</p> <p>If No, give Service Provider/Consolidator Company name:</p> <hr/> <p>9. Will you print your own barcoded labels?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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B. Service Requested and Optional Customer Information

10. 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.

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

<p>12. Name of Person Completing Application</p>	<p>13. Date</p>
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Instructions

1. Your Mailer ID will be provided upon submission of this application via email or telephone. Mailer IDs obtained for the Electronic Verification System (eVS) may be used only for eVS mailings.

Fax OR mail forms to:

Confirmation Services Support
National Customer Support Center
United States Postal Service
6060 Primacy Parkway Suite 201
Memphis TN 38188-0001

Fax Number 901-821-6244

2. You will receive the certification test instructions and login ID(s) from the Postal Service for the requested certification types you requested in Item 10 on page 1. Call Technical Support at 877-264-9693, Option 1, to receive password(s).
3. Create an electronic test file that represents 10 packages per printer.
4. If you are printing your own labels, print 10 test labels from each printer. Customer requests for Electronic Verification System (eVS) label barcode certification require producing 10 barcode labels that include Delivery Confirmation and 10 barcode labels that do not include Delivery Confirmation. Complete PS Form 5052, *Confirmation Services Printer Verification*, available at usps.com/forms/confirmservices.htm and mail the form with test labels to the address on the form.
5. 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.

<http://caps.usps.gov/capsform.asp>