



LACSLink™ Utility Order Form

Customer Information (Please print)

Company Official Contact Name	Email Address
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Company Name

Physical Address	Apt/Suite
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City	State	ZIP + 4® Code
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Telephone Number (Include area code)	Fax Number (Include area code)
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Salesperson (your company)	Telephone Number (Include area code)	Salesperson Email Address
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Mailing Information (Please print)

Attention	Email Address
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Company Name

USPS Mailing Address	Apt/Suite
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City	State	ZIP + 4 Code
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Telephone Number (Include area code)	Fax Number (Include area code)
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Billing Address (If different from Customer and Mailing Information)

Mailing Address	Apt/Suite
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City	State	ZIP + 4 Code
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Contact Number (if different)

I request that my certification be maintained in U.S. Postal Service® documents and records as:

- Integrator/Manufacturer
- User
- DPV® Licensee
- RDI™ Licensee
- Vendor/Service Bureau
- DSF²™ Licensee
- DPV User
- I do not wish to be listed in USPS® pubs.

I am applying for:

- Manufacturer Certification (Software/Hardware)
- User-Defined Certification

All information furnished on this application is complete and correct. The responses provided on the LACSLink Stage II certification file will be obtained using the same configuration used for processing customer/client address files. Any modification to the software or the configuration used to process the Stage II file will require recertification prior to use or release. The LACSLink Stage II file will be processed in-house with company-owned or leased software/hardware. All answers will be written to the Stage II file via batch processing without manual intervention. The software used to process the LACSLink Stage II file contains technology that disables access to outdated U.S. Postal Service data in accordance with DMM® 708.3. When used interactively, this product does not allow automated selection of an individual record from a list of multiple candidates. Users of this software are advised that any modification voids LACSLink certification.

LACSLink certification scores are confidential information and the applicant agrees not to disclose scores achieved on their passing test for the purpose of marketing their software or hardware product.

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 Signature	Date
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NCSC Use Only

Customer Number	Date	PRDT Code
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Product Information

If the matching software/hardware has optional parameters, you MUST return a list of the parameters used to process the LACSLink® Stage II file with this form. The electronic version of PS Form 3553, *CASS™ Summary Report*, MUST be incorporated into the header record. Also, you MUST return a hardcopy of PS Form 3553 by fax, FTP, or email with the Stage II certification.

eLOT Software

1. Specify Stage type:
 Stage II

2. Fill in all software information:

Product Title	Version Number*	Configuration	Platform
_____	_____	_____	_____
_____	_____	_____	_____

Mail or Fax Completed Form To

LACSLINK CERTIFICATION
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 101
MEMPHIS TN 38188-0001

Telephone Number: 800-642-2914
Fax Number: 901-681-4440