

Self-Certification Statement and Application
for
United States Postal Service® *FASTforward*® Licensee

Please Print

Company Name: _____
Company Address: _____
City: _____ State: _____ ZIP+4 _____
North American Industry Classification System (NAICS): _____
Telephone No.: _____ Fax No.: _____
Parent Company (if applicable): _____
Contact Name: _____
E-mail Address: _____
Vendor Company Name: _____

TERMS AND CONDITIONS OF APPLICATION FOR LICENSE

1. The United States Postal Service *FASTforward* technology, as stated in the License Agreement, may only be used to prepare mail for the purpose of acceptance and delivery by the USPS® (United States Postal Service®) or to provide address information that will be used to correct addresses for the same purpose.
2. Prior to consideration for a *FASTforward* license, I, as a potential Licensee, must demonstrate that the multiline optical character reader(s) (MLOCR) to be *FASTforward* -enhanced will have obtained and will keep current a USPS MASS™ (Multiline Accuracy Support System) certification.
3. Prior to consideration for a *FASTforward* license, I, as a potential Licensee, must demonstrate, in accordance with Section 6.1 of the *Licensee Performance Requirements*, that I have obtained (purchased, leased, or created) an MLOCR system(s) that has been USPS-precertified as *FASTforward* capable.
4. No *FASTforward* license will be granted to me prior to USPS acceptance testing and approval of my specific MLOCR platform at my site.

I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to applying for or obtaining a USPS *FASTforward* License Agreement.

Name (please print): _____
Title: _____
Signature: _____ Date: _____

FASTforward[®]
Multiline Optical Character Reader (MLOCR)
Potential Licensee Survey

LICENSING CONTACT: (Primary contacts for licensing issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: (____) - _____ Ext: _____ FAX: (____) - _____
Primary Contact: _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____

SITE CONTACT: (Location of *FASTforward* system)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: (____) - _____ Ext: _____ FAX: (____) - _____
Primary Contact: _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____

MEDIA CONTACT: (Primary contacts for CD fulfillment)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: (____) - _____ Ext: _____ FAX: (____) - _____
Primary Contact: _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____
Alternate Contact _____
Phone: (____) - _____ Email: _____

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Multiline Optical Character Reader (MLOCR)
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TECHNICAL CONTACT: (Primary contacts for technical issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____

MARKETING CONTACT: (Information to be posted on USPS RIBBS Website YES NO)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____
Company Web site: _____
Customer Service Email: _____
Customer Service Phone: _____

BILLING CONTACT: (Primary contacts for billing issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: () - _____ Ext: _____ FAX: () - _____
Primary Contact: _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____
Alternate Contact _____
Phone: () - _____ Email: _____

FASTforward[®]
Multiline Optical Character Reader (MLOCR)
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POST OFFICE USED PRIMARILY FOR DEPOSTING MAIL:

Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: (____) _____ - Ext: _____ FAX: (____) _____ -

MLOCR MACHINE OPERATOR CONTACT:

Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____ -
Phone: (____) _____ - Ext: _____ FAX: (____) _____ -

What is your intended use of *FASTforward*:

- Service Provider Only
- In-House Processing Only
- Both

How many USPS *FASTforward* systems are you requesting? _____

FASTforward[®]
Multiline Optical Character Reader (MLOCR)
Potential Licensee Information

List *all* holidays observed by your facility, including those on which the facility is closed.

Normal facility hours of operation:

Daily Work Schedule	
Day	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Expected normal hours of *FASTforward* operation:

Schedule for <i>FASTforward</i> processing	
Day	Hours of Operation
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

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FASTforward[®]
Multiline Optical Character Reader (MLOCR)
Equipment Information

NOTE: This page may be copied for multiple systems. A completed form must be submitted for each system.

Telephone number connected and dedicated ONLY to the USPS *FASTforward* system at all times:
 () -

MLOCR Manufacturer Information	
Contact Name	
Vendor Name	
Mailing Address	
Telephone Number	

Hardware Information	
Model #	
Serial #	
Transport and Belt Speed	
Inkjet Printer and Model #	
Optics (list all cameras)	

Software Information	
Character Recognition Software and Version Number	
CASS Certified™ Software and Version Number	

Number of MLOCR machines that will be attached to this USPS *FASTforward* system: _____

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