

Licensee Application
DPV[®] Product

STEP 1
DPV Product Interface
Application

Please Print:

Licensee Name: _____

Licensee Address: _____

North American Industry Classification System (NAICS): _____

Telephone No.: _____ Fax No.: _____

Contact Name: _____

Parent Company (if applicable): _____

Terms and Conditions of Application for License

1. The United States Postal Service DPV Product, as stated in the License Agreement, may be used to provide address information that will be used to validate delivery points of existing addresses.
2. Prior to consideration for a DPV License, a potential Licensee must demonstrate the capability and past performance of writing USPS Coding Accuracy Support System (CASS)-certified software, and that licensing of this technology to the applicant is in the best interest of the USPS. **The applicant will submit the Self-Certification Statement, along with this application** to enable USPS to make this determination. This information should include a description of the applicant's business and its mailing-related functions, and its experience in this field. Refer to the page titled "Self-Certification Statement" for the minimum specific information that must be provided.
3. Prior to consideration as a DPV Licensee a potential Licensee must demonstrate that the system to be DPV enhanced has obtained and maintained USPS CASS certification.
4. No DPV License will be granted to the applicant prior to USPS acceptance testing and approval of the applicant's specific DPV interface.

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 DPV License Agreement. I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization.

Name (please print): _____

Title: _____

Signature: _____ Date: _____

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Step 1- Application

CONFIDENTIALITY STATEMENT

All material supplied in connection with the application for and use of DPV Product contains trade secrets and/or confidential technical, commercial, or other information not generally available to the public. This document, and all other material provided in connection with DPV technology and the data and information contained therein shall not be used, duplicated or disclosed to third parties, in whole or in part, for any purpose, other than for evaluation by the recipient, without the prior express written consent of the United States Postal Service. For the purposes of evaluation, the recipient is authorized to disclose the data or information provided in connection with DPV technology only to those persons within the recipient's organization who have a reasonable need to know the same. Those persons must be informed of and agree to abide by the restrictions on duplication, disclosure, and use of all material, data, or information described herein.

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 using the DPV Product. I, my company, and/or firm further agree to continue to abide by this Confidentiality Statement whether or not the USPS awards a DPV License to me, my company, and/or firm. This Confidentiality Statement shall not be superseded by the award or entry into of a DPV License or any other agreement with the United States Postal Service, unless such agreement specifically refers to this Confidentiality Statement. I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization.

Product Name Basic DPV Product

Company Name (please print): _____

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Please sign and return to:

DPV LICENSING DEPARTMENT
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 101
MEMPHIS TN 38188-0001

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STEP 1-Application

**DPV Licensed Product
Self-Certification Statements**

The following provides clarification and specifics for Item 2 of the Application. This must be provided for evaluation along with the Application.

1. A brief narrative describing the nature of the applicant's business, with emphasis on its mailing-related functions and experience in this business.
2. A description of how the applicant plans to utilize DPV technology as part of its business or service offering.
3. Key Personnel list
4. Proposed Equipment/Software Product information

These items constitute the minimum information requirements. If applicants wish to provide additional information, they are welcome to do so. After review of the provided information, the USPS will notify the applicant in writing of the acceptance or rejection of its license application.

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Key Personnel

LICENSING CONTACT: (Primary contacts for licensing issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____
Phone: (____) _____ - _____ Ext: _____ FAX: (____) _____ - _____
Primary Contact: _____
Phone: (____) _____ - _____ Email: _____
Alternate Contact 1: _____
Phone: (____) _____ - _____ Email: _____
Alternate Contact 2: _____
Phone: (____) _____ - _____ Email: _____

SITE CONTACT: (Primary contacts for operational issues)

Company Name: _____
Address: _____
City: _____ State: _____ ZIP+4: _____
Phone: (____) _____ - _____ Ext: _____ FAX: (____) _____ - _____
Primary Contact: _____
Phone: (____) _____ - _____ Email: _____
Alternate Contact 1: _____
Phone: (____) _____ - _____ Email: _____
Alternate Contact 2: _____
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 1: _____
Phone: (____) _____ - _____ Email: _____
Alternate Contact 2: _____
Phone: (____) _____ - _____ Email: _____

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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 1: _____
 Phone: (____) _____ - _____ Email: _____
 Alternate Contact 2: _____
 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 1: _____
 Phone: (____) _____ - _____ Email: _____
 Alternate Contact 2: _____
 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 1: _____
 Phone: (____) _____ - _____ Email: _____
 Alternate Contact 2: _____
 Phone: (____) _____ - _____ Email: _____

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Step 1- Application

EQUIPMENT/SOFTWARE PRODUCT INFORMATION:

Hardware and software used to create Interface:

Interface Software Vendor : _____

Interface Software Product Name : _____

Interface Software Product Version : _____

Address Matching ZIP+4 Product Name : _____

Address Matching ZIP+4 Product Version: _____

Address Matching ZIP+4 Systems: **PLEASE CHECK ONE:**

- Open System – Defined as having the ability to modify, adjust, or tweak the application in a manner that will affect the applications ZIP+4 matching decisions.
- Closed System – Defined as **NOT** having the ability to modify, adjust, or tweak the application in a manner that will affect the applications ZIP+4 matching selection or decisions.

DPV Software options:

- Integrated – Address Matching and DPV software are integrated into a single software package.
- Standalone – Address Matching and DPV software are separate software packages.
- DirectDPV – Allows the ability to exclude reprocessing records and improve the speed of address matching.

Fulfillment Option:

- FULL SPLIT BOTH
- HASH FLAT BOTH

Interface Hardware Vendor/Model/type: _____

Interface Hardware Operating System : _____

Note: Please mark any item as N/A if it is not applicable.

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Step 2- Interface.

Stage I Interface Development

A Stage I File will be issued along with an Interface Developer Guide (IDG) to prospective Licensees to facilitate their interface development. Sample code is available on CD to assist in writing the interface. The interface must adhere to the requirements set forth in the Licensee Performance Requirements, with all footnotes, and security requirements.

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STEP 3- Testing

DEMONSTRATION OF DPV/TESTING

Upon the applicant's request, the USPS will provide the applicant with DPV Stage II test addresses to be matched. The applicant shall demonstrate the capability of the applicant's DPV matching software to the satisfaction of the USPS.

The output from the applicant's matching process must (according to the matching criteria set forth in the Performance Requirements):

- (1) Standardize all test addresses that do match the test DPV, or ZIP+4 Product File, provide the correct ZIP+4 Code, delivery point values and provide correct footnote(s).
- (2) Identify the test addresses that do not match the test DPV file and those that do not match the test ZIP+4 Product File and provide failure to match footnote(s).
- (3) Identify the address(es) that would cause the interface to invoke the "Stop DPV Processing" function

THE OUTPUT FILES MUST BE RETURNED IN THE SAME MEDIA FORMAT AS THE MEDIA FORMAT REQUESTED BY THE APPLICANT FOR THE STAGE II TEST ADDRESS FILES.

The USPS will evaluate the output and notify the applicant of the results. Applicants that meet the DPV matching quality requirements described in the performance requirement statement will be granted licenses.

Applicants shall be evaluated for accuracy of CASS assignments. For each test address correctly ZIP+4 encoded by their CASS process, the applicant must correctly answer and provide all DPV elements with 100% accuracy. At the end of the test, applicants must return all USPS CD(s) that contain the test DPV data, test addresses, and test output by Express Mail to:

**DPV LICENSING DEPARTMENT
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 101
MEMPHIS TN 38188-0001**

Note: The USPS shall not be obligated to pay any costs incurred in preparing any technical proposal, software development costs, or testing costs regardless of whether or not the USPS awards a DPV License to the applicant.

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Step 4- License

Execution of License

Upon successful completion of Step 4, an approval letter and a DPV License Agreement will be sent to the organization. **The DPV License Agreement must be signed by an officer who possesses all necessary legal authority to sign on behalf of the company, firm, or organization.** The signed, original agreement must then be returned to the USPS. Per the License Agreement:

This Agreement constitutes the entire Agreement between USPS and Licensee concerning the subject matter thereof and supersedes all previous agreements and understandings. This Agreement may not be altered, amended, or modified except by a written instrument signed by authorized representatives of USPS and Licensee.

Please note that the applicable payment must be received within 10 working days. Once the License is received it will be forwarded to the USPS Purchasing Service Center for signature. At that time, a copy of the signed License Agreement and the CD-ROM containing the live DPV datasets will be sent to the Site Contact person identified on the Key Personnel sheet for the organization via Express Mail.