



# Internal Address Quality Web Access Request

**Purpose:** Use this form to create a Web-based account with the National Customer Support Center (NCSC). This account will be used to send and receive (*upload/download*) files for internal postal personnel to and from the Rapid Information Bulletin Board System (RIBBS). Please complete this form and all accompanying documentation and return it by mail or fax using the information at the bottom of this form. We will contact you by phone to notify you of approved access.

### A. Requestor

1. Name ( <i>Please print</i> )	2. Job Title
3. USPS ACE ID	4. Telephone Number ( <i>Include area code</i> )
5. E-mail Address	6. Fax Number ( <i>Include area code</i> )

7. User Responsibility Agreement Statement

I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide update information for Section A whenever I change job positions. I acknowledge all files I process through this system were received from an authorized USPS® employee or representative to whom I shall return the updated files. The updated files shall be used solely by USPS for USPS official business. Use of this system or the files processed through this system by a commercial customer is strictly prohibited. I agree that misuse of a USPS computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

*(Read Privacy Act Statement on reverse side before signing. Note: Privacy Act Statement MUST be on reverse side of this form.)*

Requestor's Signature	Date
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### B. Manager

1. Name ( <i>Please print</i> )	2. Job Title
3. USPS ACE ID	4. Telephone Number ( <i>Include area code</i> )
5. E-mail Address	6. Fax Number ( <i>Include area code</i> )

7. Manager Responsibility Agreement Statement

I agree that modifications to existing service agreements will require additional Form 1357 requests. I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Manager's Signature	Date
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### C. Address

1. USPS Department		
2. Urbanization Code ( <i>Puerto Rico only</i> )		
3. Address	4. Room/Ste. Number	
5. City	6. State	7. ZIP + 4®

If you have any questions about this IAQ Web Access Request form, please contact Technical Support at 877-640-0724 or send us an e-mail at: [tsncsc@usps.gov](mailto:tsncsc@usps.gov).  
Otherwise, forward this completed form by mail or fax to:

NCSC CUSTOMER CARE  
NATIONAL CUSTOMER SUPPORT CENTER  
UNITED STATES POSTAL SERVICE  
6060 PRIMACY PKWY STE 201  
MEMPHIS TN 38188-0001  
FAX: 901-821-6242

#### Address Management/NCSC Use Only

IAQ Account Number	
User Name Assigned	
Password Assigned	
Date Customer Was Contacted	NCSC Initials
Comments	

Note: Please print all entries except for signatures. Incomplete information may cause delays in implementation or return of this form.

**Section A: Requestor**

1. Print your full name
2. Enter your Job Title
3. Enter your USPS ACE ID
4. Enter your Telephone number, include area code
5. Enter your USPS E-mail Address
6. Enter your USPS Fax Number, include Area code.
7. Sign and Date User Responsibility Agreement Statement

**Section B. Manager**

1. Print Manager's full name
2. Enter Manager's Job Title
3. Enter Manager's USPS ACE ID
4. Enter Manager's Telephone number, include area code
5. Enter Manager's USPS E-mail Address
6. Enter Manager's USPS Fax Number, include Area code.
7. Sign and Date Manager Responsibility Agreement Statement

**Section C. Address**

1. Enter requestor's USPS Department Name
2. Enter Urbanization Name, if necessary
3. Enter USPS Department Address
4. Enter Suite/Room Number
5. Enter City
6. Enter State Abbreviation
7. Enter ZIP + 4 Code

Your information will be used to process your request for access to data and/or files on USPS computer systems. Collection is authorized by 39 U.S.C. 401.

Providing the information is voluntary, but if not provided, we may not process your request. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.