

## **Printer Certification Submission**

<b>Customer Information</b>					(Please print or type)	
1. Company/Customer Name			2. Date	3. Compan	y Web site	
4. Street Address (No., street, ste. no., city, state, ZIP + 4®)			5. Point(s) of Contact	5. Point(c) of Contact		
			o. Form(s) of contact			
			6. E-mail Address of Cor	mpany Point(s) of 0	Contact	
7. Phone Number and Extensi	on	8. Fax Number	9. Mailer ID			
One Printer Certificati	on For	m must be completed for eac	ch site that will be pr	inting labels		
Are you applying for electronic file certification and printer certification?			Yes N	Yes No No		
2. Are you applying for printer certification only?			Yes N	Yes No		
Instructions for provid	dina pr	inter information				
Enclose, with this form, the la	bels from	each printer that will be used to print				
with their brand names, model numbers, and serial numbers. On each group printer number from the list below.						
Printer Number		Printer Brand Name	Printer Model	Number	Printer Serial Number	
Send completed form,	with th	e labels enclosed and identi	fied by printer numb	er, to:		
		/ICES CERTIFICATION SUPPORT				
NATIONAL CUSTOMER SUP UNITED STATES POSTAL SE		ENTER				
6060 PRIMACY PKWY STE 1	01					
MEMPHIS TN 38188-0001						
Signature of Contact Person		Date				
Privacy Notice: See our Priv	acy Polic	cy on USPS.com <sup>®</sup>				

PS Form **5052**, July 2008