

## Mailing List Application— Mail Transportation Services

In order for us to know the type of service and equipment you are interested in providing, please print or type the information requested below and return the form to the contracting officer at the Distribution Networks Office in the area where you currently reside. Upon receipt of the completed form, your name will be placed on our list of persons and companies interested in submitting bids or proposals to transport mail under contract with the United States Postal Service<sup>®</sup>.

I. Ap	plicant Information					
Last N	lame or Trade Name					
First N	Name Middle Name		Ш			
Attenti	ion To:					
Mailino	g Address		DUI	NS 		
			DO.	т 		
City		State	ZIP + 4 <sup>®</sup>			
Count	y 	· · · · · · · · · · · · · · · · · · ·	Email			
Busine	ess Telephone Residence Telephone		Social Sec	urity or □ Tax ID No.		
<b>Privacy Notice:</b> Your information will be used to provide you requested products, services, or information. Collection is authorized by 39 USC 401, 403, & 404.						
without include issues;	ing the information is voluntary, but if not provided, we may ret your consent to third parties, except to facilitate the requestes the following limited circumstances: to a congressional off; to a USPS® auditor; to entities, including law enforcement, entities aiding us to fulfill the service (service providers).	t, to act on you ice on your bel	r behalf or reque nalf; to financial e	st, or as legally required. This entities regarding financial transaction		
	pe of Business Organization (Check applicable items ction Define Supplier Diversity Objectives for definition		ne Supplying P	rinciples and Practices,		
	Small Business Concern	☐ Minority-Owned Business (Check one if applicable)				
	Woman-Owned Business	☐ Black	American	☐ Asian-Pacific American		
	Labor Surplus Area Concern	☐ Hispa	anic American	☐ Asian-Indian American		
	Educational or Other Non-Profit Organization	☐ Nativ	e American			

III. Type of Equipment (Cho	eck applicable it	tems only)							
□ 0. Passenger Car or Stati	□ 0. Passenger Car or Station Wagon		eet and above) 🔲 8.	Ship (Ocean transportation)					
☐ 1. Pickup Truck/Van (100-250 cubic feet)		☐ 5. Tractor-Trailer	<u> </u>	Aircraft (FAR 135)					
. □ 2. Light Truck (251-499 ci	,	☐ 6. Motive Power (Tractor un		Aircraft (FAR 121)					
☐ 3. Medium Truck (500-89	•	☐ 7. Boat	• ,	, ,					
IV. Type of Route/Contract									
Please indicate the type of operation.	ation you are intere	ested in (as explained below) b	y checking ONLY the boxe	es applicable to your					
☐ A. CDS Delivery	☐ C. Water □	☐ E. Freight ☐	G. Trailer Services						
☐ B. Highway (trucks)	□ D. Air □	☐ F. One-Way Service							
A. CDS Delivery — Routes that provide for delivery and collection of mail from homes and businesses.									
Individuals: An individual must be at least 21 years of age and able to work legally in the United States. A partnership is qualified if any partner meets the foregoing qualifications of an individual.									
	3. Highway — Routes that involve the transport of mail between points designated by the United States Postal Service <sup>®</sup> and do not include CDS delivery service.								
<ul><li>C. Water — Routes that invo Service.</li></ul>	<ol> <li>Water — Routes that involve the transport of mail over water between points designated by the United States Postal Service.</li> </ol>								
	D. Air — Routes that involve the transport of mail by aircraft between points designated by the United States Postal Service. Air carriers must possess the mandatory FAR certification for the size and type of equipment required.								
E. Freight — Non-Mail Servi	E. Freight — Non-Mail Service. Covers all items other than mail.								
F. One-Way Services — Ma	F. One-Way Services — Mail Transport Equipment and other mail as directed by Distribution Network Office.								
G. Trailer Services — Leased and assigned to Bulk Mail Centers and Processing Centers for short and long term use based on needs of the Area Distribution Networks offices.									
V. Areas of Operation									
The following is a list of state cocchecking the appropriate box(es)		ute types. Please indicate ON	LY the areas in which you	wish to operate by					
☐ AL - Alabama	☐ GA - Georgia	☐ MD - Maryland	☐ NJ - New Jersey	☐ SC - South Carolina					
☐ AK - Alaska	☐ HI - Hawaii	☐ MA - Massachusetts	☐ NM - New Mexico	☐ SD - South Dakota					
☐ AZ - Arizona	☐ ID - Idaho	☐ MI - Michigan	☐ NY - New York	☐ TN - Tennessee					
☐ AR - Arkansas	☐ IL - Illinois	☐ MN - Minnesota	☐ NC - North Carolin	a 🔲 TX - Texas					
☐ CA - California	☐ IN - Indiana	☐ MS - Mississippi	☐ ND - North Dakota	☐ UT - Utah					
☐ CO - Colorado	☐ IA - Iowa	☐ MO - Missouri	☐ OH - Ohio	☐ VT - Vermont					
☐ CT - Connecticut	☐ KS - Kansas	☐ MT - Montana	OK - Oklahoma	☐ VA - Virginia					
☐ DE - Delaware	☐ KY - Kentucky	√ □ NE - Nebraska	☐ OR - Oregon	☐ WA - Washington					
☐ DC - District of Columbia	☐ LA - Louisiana	n □ NV - Nevada	☐ PA - Pennsylvania	☐ WV - West Virginia					
☐ FL - Florida	☐ ME - Maine	☐ NH - New Hampshire	☐ PR - Puerto Rico	☐ WI - Wisconsin					
			☐ RI - Rhode Island	☐ WY - Wyoming					
NOTE: Should any of the inform	ation change or vo	u no longer wish to receive adv	vertisements nlease notifi	/ the contracting					
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**NOTE:** Should any of the information change or you no longer wish to receive advertisements, please notify the contracting officer at your area. Distribution Networks Office so they may correct the mailing list accordingly.