



Application to Print Extra Services Barcoded Forms/Labels

How to Submit: Customers that print barcodes on extra services forms/labels must register with the USPS®. Please complete this application and either fax it to 901-681-4646, or mail it to:

**CONFIRMATION SERVICES CERTIFICATION
NATIONAL CUSTOMER SUPPORT CENTER
US POSTAL SERVICE™
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001**

Upon receipt of your application, the USPS will assign and provide you with a Mailer ID Number and verify if the software you are using to print barcodes has been certified by the USPS. If it is determined that your software has already been certified for the vendor from which you purchased your product, you will be notified that you are exempt from the certification process and no additional action is required on your part. If your software has not been certified, you will receive a Test Instruction Guide explaining the certification process. The purpose of the certification is to ensure that your barcodes are readable by our electronic equipment used for capturing delivery and signature information.

Mailer/Agent Information

1. Primary Contact

2. Telephone (Include area code)	3. Fax (Include area code)	4. Email
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5. Company Name

6. Address

7. City	8. State	9. ZIP + 4®
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10. Forms/Labels to be Printed (Indicate each form/label to be printed and enter the approximate annual volume for each)

VOLUME

- PS Form 3800, *Certified Mail™ Receipt*: _____
- Label 200, *Registered Mail™*: _____
- PS Form 3813-P, *Insured Mail Receipt*: _____
- PS Form 3804, *Return Receipt for Merchandise*: _____

11a. Do you use forms/labels provided by a third-party vendor? <input type="checkbox"/> No <input type="checkbox"/> Yes - COMPLETE THE FOLLOWING: Vendor Name _____	11b. Are you a vendor? <input type="checkbox"/> No <input type="checkbox"/> Yes Contact Name and Telephone Number (Include area code) _____
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12. Do you use software provided by a third-party vendor? <input type="checkbox"/> No <input type="checkbox"/> Yes - COMPLETE THE FOLLOWING:	
Vendor Name _____	Product Name and Version Number _____
Contact _____	Telephone (Include area code) _____

13. Do you have a Postal Service™ contact (i.e., Mailpiece Design Analyst) assisting you with your conversion efforts? <input type="checkbox"/> No <input type="checkbox"/> Yes - COMPLETE THE FOLLOWING:	
Postal Service Representative _____	Title _____
Telephone (Include area code) _____	Pager (Include area code) _____
Fax (Include area code) _____	Email _____



Submission of this application is required to assign you a Mailer ID Number that is necessary to capture the electronic records of your mailpiece(s).