

Application for Additional Entry, Reentry, or Special Rate Request for Periodicals Publication

Instructions

1. You must prepare mailings of the publication in accordance with Postal Service™ standards in the *Domestic Mail Manual* (DMM®). These standards are available at your local Post Office™ and on the Internet at <http://pe.usps.com>®. The legal rate of postage must be paid on all mailings. Failure to pay this rate at the time of mailing does not relieve payment of any deficient postage at a later date.
2. Complete Part A and either Part B (if application is for reentry) or Part C (if application is for additional entry). Complete all applicable items. Note: If change in frequency is requested, complete item 8a to show the exact new frequency of issuance.
3. **Separate applications are required for reentry (including reentry at special rates) and additional entry.** One application may be filed for multiple additional entry actions to be effective within a span of 30 calendar days.
4. Applications for special rates of postage must include evidence to establish the organization's eligibility, to demonstrate compliance with DMM 707.10 and to show that it meets one of the qualifying categories defined in DMM 707.10. No fee is charged if application is **ONLY** for special rates.
5. Your application must be accompanied by two copies of your publication showing the identification statement as revised to correspond to the change(s) requested in Part(s) B and/or C.
6. Complete Part D and submit this form and the applicable fee to the Post Office serving your known office of publication or new known office of publication.

Part A. General

1. Full Title of Publication (<i>Show current authorized title, even if title is being changed</i>)		2. Is postage paid under CPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Publication Number USPS® _____ ISSN _____	4. No. of Issues per Year	5. Frequency of Issuance (<i>Current</i>)	
6. Post Office serving known or new known office of publication, state, and ZIP+4® TO: POSTMASTER		7. Publisher's Name and Address of Known Office of Publication (<i>Street, apt./ste. no., city, state, and ZIP + 4</i>) (<i>Must be within the delivery limits of the original entry office</i>)	

Part B. Reentry Application

8. I am applying for reentry. I request the following changes to the conditions of entry for the above publication.

a. Change Frequency to: (<i>See note to item 2 under "Instructions" above.</i>)	b. Change Number of Issues per Year to:
c. Change Title to:	d. Publisher's Address if Changed From the Authorized Known Office of Publication in Item 7: (<i>Street, apt./ste no., city, state and ZIP + 4</i>) (<i>Must be within the delivery limits of the new original entry office.</i>)

e. Change Category of Authorization to: (*See DMM 707.6 Note: You must also submit PS Form 3500 with evidence of qualification*)

<input type="checkbox"/> DMM 707.6.1 General Publications	<input type="checkbox"/> DMM 707.6.3 Publications Issues by State Departments of Agriculture
<input type="checkbox"/> DMM 707.6.2 Publications of Institutions and Societies With:	<input type="checkbox"/> DMM 707.6.4 Requester Publications
<input type="checkbox"/> General Advertising	<input type="checkbox"/> DMM 707.6.5 Foreign Publications
<input type="checkbox"/> Publisher's Advertising Only	

f. Change Rates to:

<input type="checkbox"/> Regular	<input type="checkbox"/> Nonprofit -- Publications of qualified nonprofit organizations (<i>if selected check one other category below</i>)	<input type="checkbox"/> Religious	<input type="checkbox"/> Educational	<input type="checkbox"/> Scientific	<input type="checkbox"/> Veterans
<input type="checkbox"/> Science-of-Agriculture	<input type="checkbox"/> Philanthropic	<input type="checkbox"/> Labor	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Fraternal	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Other (<i>specify</i>)				

g. Requested Effective Date:

Part C. Additional Entry Application

9. Use a sequential item number for each additional entry office affected by this request. Furnish information in each applicable column for each item (entry).

Item Number	Post Office and ZIP Code™ (Not a station, branch, or transfer hub)	Nature of Action			Requested Effective Date	Estimated Number of Copies
		Open (Add)	Close (Cancel)	Modify		

Attach Additional Sheets if Necessary

Part D. Applicant Signature

10. Please print your name and title. Sign the application.	11. Date
	12. Telephone Number (Include area code)

Part E. Postmaster

1. Review the application and identification statement for accuracy and completeness; collect the applicable fee(s). (Do not collect a fee if application is **only** for special Periodicals rates.)
 2. Sign and date the form. Use the comments block to note any additional information necessary for review of this application. Be sure to include a telephone number where you can be reached if there are questions about the application. Provide a copy of the completed application to the publisher.
 3.
 - a. For applications for reentry, forward the completed form with the required copies to the Pricing and Classification Service Center (PCSC).
 - b. For applications for additional entry, furnish each additional entry post office with a copy of PS Form 3510 marked "Pending." Forward a copy of the completed form and all attachments directly to the PCSC. If this application accompanies an application for original entry, attach a **copy** of this form to the PS Form 3500.
- PRICING AND CLASSIFICATION SERVICE CENTER
 PO BOX 3510
 NEW YORK NY 10008-3510
4. You will be notified of the ruling on the application by letter.

13. Postmaster's Comments (Attach additional sheets if necessary)	14. Amount of Fee Collected and Date Paid \$
15. Signature of Postmaster	16. Date
	17. Telephone Number (include area code)

18. Print Name of Employee to Contact With Questions Concerning the Application