



UNITED STATES
POSTAL SERVICE®

1. Express Mail Corporate Account (EMCA) Number

Express Mail® Service Manifest System Application

Customer Information

2. Company Name		3. MID number	4. Post Office™ Where Express Mail Corporate Account is Held (City, State, ZIP + 4®)
5. Address (Number, Street, Suite Number, City, State, ZIP + 4)			6. Estimated Start Date (MM/DD/YYYY)
7. Name of Company Representative Responsible for Manifest System			
8a. Company Representative Telephone Number (Include area code)	8b. Company Representative E-mail Address	8c. Company Representative Fax Number	
9. Applicant's Signature	10. Date Signed (MM/DD/YYYY)	11. Are you currently certified or pending certification for Confirmation Service™? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Technical Information

12. How will you send your electronic files to the USPS® host computer? Choosing the option that best suits your situation will shorten the process by two weeks.

a. Internet FTP b. Dial-up (modem) FTP c. Electronic Data Interchange (If checked go to item 15)

13a. IT Manager's Name	13b. Telephone Number/Extension/Fax Number (Include area code)	13c. E-mail Address
14a. Shipping Manager's Name	14b. Telephone Number/Extension/Fax Number (Include area code)	14c. E-mail Address
15a. Will commercial vendor software be used to produce the electronic file and/or labels? <input type="checkbox"/> Yes. Please complete items 15b-15e. <input type="checkbox"/> No. We will develop our own system. (Skip to question 16 below.)		
15b. Software Company Name	15c. Product Name and Version Number	
15d. Contact Name and Title	15e. Telephone Number and Extension (Include area code)	

16. Packaging a. <input type="checkbox"/> Customer Provided b. <input type="checkbox"/> USPS Provided c. <input type="checkbox"/> None	17. Reserved	18. Estimated Mail Quantity per Week	
19a. What kind of barcode labels will customer use? i. <input type="checkbox"/> Customer Preprinted ii. <input type="checkbox"/> USPS Preprinted	19b. Send preprinted labels to: (Number, Street, Suite Number, City, State, ZIP + 4)	20. Are you a consolidator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	19c. Telephone Number (Include area code)	21a. If "YES", are you using vendor software? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Product Name & Version: _____	
		22. Are you a vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

23a. Post Office Where Express Mail Service Manifest Mailings Will Be Presented (City, State, ZIP + 4)

23b. What Express Mail service options will you use? Check all that apply.
 Post Office to Addressee Express Mail International® COD Insured Return Receipt

24. Have arrangements been made for the verification and acceptance of your Express Mail service packages?
 Yes No (Please contact your postmaster or Sales Representative)

General Information (Continued)

25. What is the projected daily volume and total daily postage?

_____ Volume (*Pieces*)

_____ Postage (*Dollar Amount*)

26. Is your Shipping System/software Manifest Analysis and Certification (MAC™) Program or MAC-Gold™ certified?

Yes

No. Explain how your manifest system ensures against duplicate mailpiece identification numbers within a mailing.

27. How are piece weights determined?

By weighing after the mailpiece is produced.

Using predetermined weight(s), explain how predetermined weights are calculated and how often they are updated in your system:

28. How often are the scales calibrated and certified?

Yearly (*Annually*)

Other (*Describe*):

29. How are the price matrices updated in your system?

Vendor Updates

Other (*Describe*):

30. Can you print price matrices from your system?

Yes. Include copies with this application.

No. Explain how price tables are obtained:

31. Which data elements require manual input to generate your manifest?

Package ID Number

Weight

Address

Other (*Specify*):

32. Do you agree to allow reasonable access to mail preparation areas for USPS employees to observe mail preparation and verify mailing records?

Yes

No. Refer to *Express Mail Manifest Agreement*, Article 8.

33. Instead of providing a hard copy verification manifest at the time of mailing, will you furnish the manifest electronically and provide access to a terminal in your facility to view the manifest for verification against actual postage?

Yes

No, we will present only a hard copy manifest

34. Do you agree to perform the quality assurance procedures described in Chapter 4 of Publication 97, *Express Mail Manifesting Technical Guide*?

Yes

No (*Explain*):

Applicant

Please submit the following documentation with this application. These samples must be produced from the actual software and hardware that will be used:

Sample of verification manifest. (*Include print screens with this application only if you will also be furnishing terminal access to your system.*)

Sample Express Mail Service one-ply label

Price matrix (*if applicable*)

PS Form 1357-S, *Customer Request for Computer Access*. This form is not required if you are currently participating in a Confirmation Services program and have already obtained a logon ID and password.

USPS Representative

Please fax this application, PS Form 1357-S (if required), and the contact list on the next page to USPS National Customer Support Center at 901-821-6244. Send the original PS Form 1357-S to:

Confirmation Services Support
United States Postal Service
6060 Primacy Parkway Suite 201
Memphis TN 38188-0001

A logon ID and password cannot be issued until the original PS Form 1357-S is received. Submit this form to the Manager, Business Mail Entry, with the documentation listed in the *Applicant* section above.

Express Mail® Manifesting Application Contact List (Completed by USPS Representative)**Company Name**

Address (Number, Street, Suite Number, City, State, ZIP + 4)

Customer ID Number or MID Number (USPS provided)

EMCA Number

Telephone Number (include area code)

Fax Number (include area code)

E-mail Address

Post Office of Mailing

Postmaster's Name

Address (Number, Street, Suite Number, City, State, ZIP + 4)

Telephone Number (include area code)

Fax Number (include area code)

E-mail Address

District Business Mail Entry Manager's Name (District where mailings are deposited)

Manager's Name

Address (Number, Street, Suite Number, City, State, ZIP + 4)

Telephone Number (include area code)

Fax Number (include area code)

E-mail Address

Customer Relations Manager's Name

Address (Number, Street, Suite Number, City, State, ZIP + 4)

Telephone Number (include area code)

Fax Number (include area code)

E-mail Address

USPS Sales Contact's Name

Address (Number, Street, Suite Number, City, State, ZIP + 4)

Telephone Number (include area code)

Fax Number (include area code)

E-mail Address

Comments: