

Z4CHANGE Order Form

| Customer Information (Please print | t) | | | | | | | | |
|--|--|---|---|---|---|--|---|---|--|
| Company Official Contact Name | | | Email Address | | | | | | |
| Company Name | | | | | | | | | |
| Physical Address | | | | | | | | Apt/Suite | |
| City | | | | State ZIP + 4® Code | | | | | |
| Telephone Number (Include area code) | | | | Fax Number (Include area code) | | | | | |
| Salesperson (your company) | rea code) | ea code) Salesperson Email Address | | | | | | | |
| Mailing Information (Please print) | | | | | | | | | |
| Attention | | | Email Address | | | | | | |
| Company Name | | | <u> </u> | | | | | | |
| USPS Mailing Address | | | | | | | | Apt/Suite | |
| City | | | | | | State | ZIP + | 4 Code | |
| Telephone Number (Include area code) | | | Fax Numl | oer (Inclu | de area code |) | | | |
| Billing Address (If different from Cust | tomer and Maili | na Information) | | | | | | | |
| Mailing Address | omer and mail. | ng miomation) | | | | | | Apt/Suite | |
| City | | | | | | State | ZIP + | 4 Code | |
| Contact Number (if different) | | | | | | I | - | | |
| I request that my certification be maintained in U.S. Postal Service® documents and records as: ☐ Integrator/Manufacturer ☐ User ☐ DPV® Licensee ☐ RDI™ Licensee ☐ Vendor/Service Bureau ☐ DSF ^{2®} Licensee ☐ DPV User ☐ I do not wish to be listed in USPS® pubs. | | | | | | | Licensee | | |
| I am applying for: Manufacturer Certification (| Software/Ha | nrdware) | □ι | Jser-De | fined Certif | ication | | | |
| All information furnished on this ap certification file will be obtained using tion to the software or the configurat Z4CHANGE Stage II file will be prowritten to the Stage II file via batch Stage II file contains technology tha When used interactively, this product dates. Users of this software are ad Z4CHANGE certification scores are on their passing test for the purpose. | plication is cog the same cog ion used to processed in-hour processing with disables accept does not allowised that any reconfidential ose of market | omplete and configuration used occess the Staguse with completes to outdate ow automated or modification wall information outing their soften | orrect. The ed for proof ge II file w any-owne interventi ed U.S. Po selection voids Z40 and the a tware or | e respor cessing o ill required or leas on. The ostal Ser of an ind CHANGE applican hardwai | nses provide customer/cli e recertificat sed software software us vice data in dividual reco certification t agrees no re product. | ed on the ent addrection prior e/hardwa ed to pro accordatord from a to disclared from | ess files to use re. All a ocess th nce with a list of | s. Any modifica- or release. The answers will be ne Z4CHANGE in DMM® 708.3. multiple candi- ores achieved | |
| I have read and understand the requirements will result in decertification | | ove and realiz | e that an | y misrep | resentation | or failure | to cor | nply with these | |
| Company Official Contact Signature | | | | Date | | | | | |
| NCSC Use Only | | | | | | | | | |
| Customer Number | Da | te | | | PRDT Code | ode | | | |

| | e software has optional parameters, you MUST return a list of the parameters used to process the CHANGE file with this form. |
|-------------|---|
| Z4 0 | CHANGE Software |
| 1. | Specify Stage type: ☐ Stage I ☐ Both |
| 2. | Fill in all software information: |
| | Product: |
| | Version: |
| | Configuration: |
| | Platform: |
| 3. | Z4CHANGE product cycle date: |
| Mai | l or Fax Completed Form To |
| | Z4CHANGE CERTIFICATION |
| | NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE |
| | 225 N HUMPHREYS BLVD STE 501 |
| | MEMPHIS TN 38188-1001 |
| | Telephone Number: 800-642-2914 |

Z4C001, November 2012 (Page 2 of 2)

Fax Number: 650-578-4746

Product Information