

DSF²® Key Personnel

LICENSING CONTACT:(Person & address for licensing issues)

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ -

Phone: () - _____ Ext: _____ Fax: () -

Email address: _____

SITE CONTACT: (Person responsible for day to day operation and physical location of interface system for data updates)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ -

Phone: () - _____ Ext: _____ Fax: () -

Email address: _____

TECHNICAL CONTACT INFORMATION: (Backup person responsible for day to day operation)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ -

Phone: () - _____ Ext: _____ Fax: () -

Email address: _____

MARKETING CONTACT: (Information will be published in USPS Certified Products Guide)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP + 4: _____ -

Phone: () - _____ Ext: _____ Fax: () -

Email address: _____