



# Barcode Certification Printer Submission Form

## Certification Program (Check the applicable certification program)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Delivery Confirmation™ | <input type="checkbox"/> Parcel Barcodes              | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Express Mail®          | <input type="checkbox"/> Parcel Return Services (PRS) | <input type="checkbox"/> Special Services        |
| <input type="checkbox"/> Flat Container Label   | <input type="checkbox"/> Sack Container Label         | <input type="checkbox"/> Tray Container Label    |
| <input type="checkbox"/> International Customs  |   |  |

## Customer Information (Please print)

Company Name

Customer Identification Number (Mailer ID)

Contact Name

Street Address (P.O. Box, Rural/Hwy Contract, or Route Number)

Apt/Suite

City

State

ZIP + 4®

Telephone Number (Include area code)

Fax Number (Include area code)

Email Address

Signature of Contact Person

Date

## Client or Merchant Information (PRS Participants Only)

Company Name

Street Address (P.O. Box, Rural/Hwy Contract, or Route Number)

Apt/Suite

City

State

ZIP + 4

Mailer ID

Unique PRS ZIP Code™

PRS Permit Number

Permit Number ZIP Code

## Production Printer Information

List the production printer number, brand name, model number, and serial number of each printer used to print the barcodes. Barcode samples (minimum 20 per printer for vendor certification) **MUST** accompany this form when submitted. On each set of samples, please identify the printer used to print the barcodes.

Printer Number	Brand Name	Model Number	Serial Number

## Form Processing Information

### Mail this completed application to:

BARCODE CERTIFICATION  
 NATIONAL CUSTOMER SUPPORT CENTER  
 UNITED STATES POSTAL SERVICE  
 6060 PRIMACY PKWY STE 101  
 MEMPHIS TN 38188-0001

### Customers needing assistance may call:

1-800-238-3150  
 Monday – Friday  
 8:00 am - 5:00 pm CST