



Barcode Certification Customer Application

Certification Program (Check the applicable certification program)

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| <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 (MM/DD/YYYY) _____

Hardware and Software Information (For Confirmation Services and Extra Services ONLY)

Are you a software Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In-House Software <input type="checkbox"/> Third-Party Vendor	Software Name _____	Version Number _____
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Third Party Vendor Information Vendor Name _____ Contact Name _____ Telephone Number _____	Indicate the Extra Services form/label to be printed and the annual volume of each. <input type="checkbox"/> PS Form 3800, <i>Certified Mail™ Receipt</i> Volume _____ <input type="checkbox"/> PS Form 3804, <i>Return Receipt for Merchandise</i> Volume _____ <input type="checkbox"/> PS Form 3813-P, <i>Insured Mail Receipt</i> Volume _____ <input type="checkbox"/> Label 200, <i>Registered Mail™</i> Volume _____
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Electronic File Transmission Type <input type="checkbox"/> Internet <input type="checkbox"/> Dial-up (modem) <input type="checkbox"/> No file transmission from this site	Name of Shipping/Manifest System _____	Printing System <input type="checkbox"/> USPS® Supplied <input type="checkbox"/> Third-Party Software/Hardware
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USPS Representative Information

Representative Name _____ Representative Title _____

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

City _____ State _____ ZIP + 4 _____

Telephone Number (Include area code) _____ Email Address _____

Application Processing and Contact 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