United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date	
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In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal ServiceTM upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to ver at the home or business address lister					r conducts business	
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate			3a.Address to be Used for Delivery (Include PMB or # sign.)			
box.)	ni ioi ciaic	л орошос іп арргорнаго	3b. City	3c. State	3d. ZIP + 4 [®]	
4. Applicant authorizes delivery to and in care of:			This authorization is extended to include restricted delivery mail for the undersigned(s):			
a. Name						
b. Address (No., street, apt./ste. no.)			_			
c. City	d. State	e. ZIP + 4				
6. Name of Applicant			7a. Applicant Home Address (No., street, apt./ste. no)			
8.Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a.			7b. City		7d. ZIP + 4	
			7e. Applicant Telephone Number (Include area code)			
			9. Name of Firm or Corporation			
b.			10a. Business Address (No., street, apt./ste. no)			
			10b. City	10c. State	10d. ZIP + 4	
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.			10e. Business Telephone Number (Include area code)			
			11. Type of Business			
12. If applicant is a firm, name each member of minors receiving mail at their delivery		nail is to be delivered. (A	II names listed must have verif	iable identification. A guar	dian must list the names	
13. If a CORPORATION, Give Names and Addresses of Its Officers			If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.			
Warning: The furnishing of false or misleadi imprisonment) and/or civil sanctions (includi				nay result in criminal sanct	ions (including fines and	
15. Signature of Agent/Notary Public			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)			

