



Barcode Certification Customer Application

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 (MM/DD/YYYY) _____

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

Are you a software Vendor?

- Yes No

In-House Software

Third-Party Vendor

Software Name _____

Version Number _____

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 _____ |

Electronic File Transmission Type

- Internet Dial-up (modem)
 No file transmission from this site

Name of Shipping/Manifest System _____

Printing System

- USPS® Supplied
 Third-Party Software/Hardware

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