United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

i. Date

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 verification procedures by the Po at the home or business address listed in boxes 7 or 10, and that the		resides or 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.) 1215 Main St	
box.)	3b. City Tewksbury	3c. State 3d. ZIP + 4® 01876
4. Applicant authorizes delivery to and in care of:	5. This authorization is extended to include restricted delivery mail for the undersigned(s):	
a. Name Neighborhood Parcel		
b. Address (No., street, apt./ste. no.) 1215 Main St		
c. City Tewksbury d. State e. ZIP + 4 MA 01876		
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	7b. City	7c. State 7d. ZIP + 4
are unacceptable as identification. The agent must write in identifying information. Subject to verification. a.	7e. Applicant Telephone Number (Include area code)	
u.	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	10e. Business Telephone Number (Include area code)	
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.	11. Type of Business	
12. If applicant is a firm, name each member whose mail is to be delivered. (A of minors receiving mail at their delivery address.)	 Il names listed must have verifiable identificati	on. A guardian must list the names
13. If a CORPORATION, Give Names and Addresses of Its Officers	14. 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 misleading information on this form or omi imprisonment) and/or civil sanctions (including multiple damages and civil per		ninal sanctions (including fines and
15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporation by officer. Show title.)	tion, application must be signed

USPS Form 1583 Instructions

- **1. Date -** Today's date.
- 2. Name in which applicant's mail will be received for delivery to agent Your name or the name of your business. If an account will be used by multiple people, each person needs to complete a separate form 1583. If both spouses will be receiving mail, you may enter both of your names on the same form, but you will need to provide two forms of identification each for section 8. Minor children do not have to complete a separate form or provide identification, but must be listed, along with their ages, under section 12 if they will be receiving mail.
- **3. Address to be used for delivery -** Fill in your 5-digit box number that was sent to you in your welcome email.
- 4. Applicant authorizes delivery to and in care of Our address; no changes necessary.
- **5.** This authorization is extended to include restricted delivery mail for the undersigned(s) Restricted delivery is mail only you can sign for. Put down the names of anyone on the account who we may sign for. Restricted delivery mail is rarely used, and this item is optional, so if you don't want us to receive restricted delivery for you, leave it blank and any restricted delivery items will be returned to sender.
- **6. Name of applicant -** Your name. If the applicant is a business, put down the name of the owner of officer who will be signing the form. You can provide a business name under item 9. Spouses may enter both names on this line.
- **7. Applicant home address -** Your home address and phone number. This must be a physical address, not a PO Box, and must be your actual place of residence. If your home address does not match the address on your two forms of identification provided for section 8, you will need to send proof of where you live, which could be a copy of a utility bill, bank statement, rental agreement, voter registration, etc. If you don't know your Zip + 4, just enter your 5-digit zip code. If you live in a motor home or on a boat identify your place of residence by using the make, model, license plate number and state of registration of the motor home or boat.
- **8. Two types of identification -** Each person receiving mail at this address must provide two forms of acceptable identification, one of which should be a picture ID. For international customers, any official ID will work, even if it is not issued in the U.S. or written in English. You must take a photocopy of each piece of identification and mail the copies to us along with form 1583. Additionally, you must write in identifying information for both pieces in section 8, which would include the type of identification (i.e. Passport) and the number on the identification card. For example, if one piece of identification is a Michigan driver's license with the number S123456789123, you would write in section 8a, "Driver's License, State of Michigan, S123456789123." Social Security cards, credit cards, and birth certificates are not accepted. Acceptable forms of identification include:
- Valid driver's license
- Passport
- Voter registration card
- Vehicle registration card

- Current lease
- Current mortgage
- Current deed of trust
- Home insurance policy
- Vehicle insurance policy
- Valid state non-driver's identification card
- Alien registration card
- Certificate of naturalization
- Armed forces ID
- Government issued ID
- University ID card
- **9. Name of firm or corporation -** If you operate a business that will be receiving mail at this address, enter the name. Even if your business is not a registered corporation, you can still enter a DBA (doing business as) name.
- **10. Business address -** Your physical business address, which may or may not be the same as your home address. If you don't know your Zip + 4, just enter your 5-digit zip code.
- **11. Type of business -** The general industry or category your business most closely matches.
- **12.** If applicant is a firm, name each member whose mail is to be delivered If your business has multiple officers or employees who will be receiving mail at this address, or if it has multiple DBA (doing business as) names, enter them here. Employees do not need to fill out a separate form 1583.
- **13.** If a corporation, give names and addresses of its officers If your business is officially registered with the state, you must gives the names, titles, and addresses of its officers.
- **14.** If your business name has been registered, give name of county and state, and date of registration Only fill this out if your business is officially registered with the state (corporations, partnerships, and LLCs) and not simply a DBA or sole proprietorship.
- **15. Signature of Agent/Notary Public -** You must take this form to a notary public and sign it in front of them, and they will sign in this box after verifying your identity. Notary publics can usually be found in banks or at larger post offices. Please note that this field is not optional according to USPS regulations, forms will not be accepted without a notary signature.
- **16. Signature of applicant -** Remember, you must wait to sign the form until you are in the presence of a notary public.

