

Postage Statement - Priority Mail Flat-Rate Box Experiment

Permit Imprint

MAILER	Permit Holder's Name and Address, and Email Address If Any	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

MAILING	Post Office of Mailing	Processing Category (DMM C050) <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	Mailing Date	Federal Agency Cost Code	Statement Seq. No.	Number of Containers
	Permit No.		Weight of a Single Piece _____ pounds		Total Pieces	
Separation Method: All pieces must be separated by zone when presented for acceptance unless all the pieces are in a weight category for which the rate does not vary by zone or the postage is reported under a manifest mailing system.					Total Weight _____ pounds	

POSTAGE	Zone	Number of Pieces	x	Rate	Totals
A1	Flat-Rate Envelope			\$3.85	
A10	Flat-Rate Box			\$7.70	
A2	Unzoned (1 pound or less)			\$3.85	
A3	Local, 1, 2, & 3				
A4	4				
A5	5				
A6	6				
A7	7				
A8	8				
A9	Pieces from Standard Mail (DMM E620)				
Totals					

For Special Services and Other Fees	Total From Attached Form 3540-S
Postmaster: Report total postage in AIC 237 .	Total Postage (Add two lines above) →

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent	Name of Mailer or Agent	Telephone
------------------------------	-------------------------	-----------

USPS ONLY	Weight of a Single Piece _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		Round Stamp (Required)		
	Total Pieces	Total Weight	If "Yes," Reason			
	Total Postage					
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation; and (3) proper completion of postage statement.		Date Mailed Notified		Contact	By (Initials)
	Verifying Employee's Signature		Verifying Employee's Name		Time AM PM	