

United States Postal Service
Postage Statement — Parcel Select
Postage Affixed

Post Office: Note Mail Arrival Time

Use this form for Parcel Select *only*. For Parcel Post, use Form 3605-PP.

Mailer Information	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)
	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing	Post Office of Mailing	Mailing Date	Statement Seq. No.	No. of Containers
	<input type="checkbox"/> Identical Weight <input type="checkbox"/> Non-identical Weight	Permit No.	Total Weight	Total Pieces

Postage Computation (DMM P013)	For Barcoded DBMC Machinable	Total From Part G (On reverse)
	For Nonbarcoded DBMC Machinable	Total From Part H (On reverse)
	For DBMC Nonmachinable	Total From Part I (On reverse)
	For DSCF Machinable and Nonmachinable	Total From Part J (On reverse)
	For DDU	Total From Part K (On reverse)
	For Special Services and Other Fees	Total From Attached Form 3540-S
Total Postage (Add lines above) →		

Certification	<p>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.</p> <p>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.</p> <p>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.</p>	
	Signature of Mailer or Agent	Name of Mailer or Agent

USPS Use 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 _____			
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled			
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).	Date Mailer Notified	Contact	
Verifying Employee's Signature	Verifying Employee's Name	Time	AM PM	

Parcel Select — Postage Affixed

Rates must include discounts and surcharges, as appropriate (DMM R700.1.0).

G. Barcoded DBMC Machinable

	Zone	Number of Pieces	x	Rate	Total Postage Part G
G1	1 & 2				
G2	3				
G3	4				
G4	5				
	Totals				

Total — Part G (Carry to front of form)

H. Nonbarcoded DBMC Machinable

	Zone	Number of Pieces	x	Rate	Total Postage Part H
H1	1 & 2				
H2	3				
H3	4				
H4	5				
	Totals				

Total — Part H (Carry to front of form)

I. DBMC Nonmachinable

	Zone	Number of Pieces	x	Rate	Total Postage Part I
I1	1 & 2				
I2	3				
I3	4				
I4	5				
	Totals				

Total — Part I (Carry to front of form)

J. DSCF Machinable and Nonmachinable

		Number of Pieces	x	Rate	Total Postage Part J
J1	Mach.				
J2	Nonmach.				
	Totals				

Total — Part J (Carry to front of form)

K. DDU

		Number of Pieces	x	Rate	Total Postage Part K
K1	DDU				
	Totals				

Total — Part K (Carry to front of form)