

Postage Statement — Media Mail and Library Mail
Postage Affixed

Each subclass is subject to separate minimum volume criteria.

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 Info.	Post Office of Mailing	Processing Category (DMM C050)	Mailing Date	Statement Seq. No.	Number of Containers
	Permit No.	<input type="checkbox"/> Flats	Weight of a Single Piece	Total Pieces	
	Packaging Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> Weight <input type="checkbox"/> Both	<input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Machinable Parcels <input type="checkbox"/> Nonmachinable Parcels	_____ pounds	Total Weight	
			If Sacked, Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> 20 lbs.		

Postage (DMM P013)	For Barcoded Media Mail (DMM E713)	Total From Part A (On reverse)
	For Nonbarcoded Media Mail (DMM E713)	Total From Part B (On reverse)
	For Barcoded Library Mail (DMM E714)	Total From Part C (On reverse)
	For Nonbarcoded Library Mail (DMM E714)	Total From Part D (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	Telephone

USPS Use Only	Weight of a Single Piece	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	_____ pounds	If "Yes," Reason		
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Round Stamp (Required)		
	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).			
Verifying Employee's Signature	Date Mailed Notified	Contact	By (Initials)	
	Verifying Employee's Name	Time	AM PM	

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Rates must include discounts, as appropriate (DMM R700.3.0).

A. Barcoded Media Mail — Machinable Parcels

	Sort Level	Number of Pieces	x	Rate	Total Postage
A1	5-Digit				
A2	Basic				
A3	Single-Piece				
	Totals				

Total — Part A (Carry to front of form)

B. Nonbarcoded Media Mail

	Sort Level	Number of Pieces	x	Rate	Total Postage
B1	5-Digit				
B2	Basic				
B3	Single-Piece				
	Totals				

Total — Part B (Carry to front of form)

Rates must include discounts, as appropriate (DMM R700.4.0).

C. Barcoded Library Mail — Machinable Parcels

	Sort Level	Number of Pieces	x	Rate	Total Postage
C1	5-Digit				
C2	Basic				
C3	Single-Piece				
	Totals				

Total — Part C (Carry to front of form)

D. Nonbarcoded Library Mail

	Sort Level	Number of Pieces	x	Rate	Total Postage
D1	5-Digit				
D2	Basic				
D3	Single-Piece				
	Totals				

Total — Part D (Carry to front of form)