

Application to Act as a Commercial Mail Receiving Agency

1. Date

TO: POSTMASTER

In registering with the Postal Service to act as an agency to receive delivery of mail of others, the agent agrees to the following: (1) the Commercial Mail Receiving Agency (CMRA) must have on file a Form 1583, Application for Delivery of Mail Through Agent, for each addressee or firm receiving mail at the agency; (2) a CMRA must represent its delivery address as a private mailbox; (3) the CMRA is not authorized to accept Registered Mail from their clients for mailing, the Post Office is the only acceptable mailing point; (4) the CMRA must be in full compliance with *Domestic Mail Manual* (DMM) 508.1.8.1 through 508.1.8.4 and other applicable postal requirements to receive delivery of mail from the Postal Service; and (5) when any information required on this form changes, the CMRA owner or manager must file a revised application with the postmaster.

NOTE: The CMRA owner or manager must execute this form in duplicate in the presence of the postmaster or designee. The CMRA owner or manager retains the signed duplicate copy and signs in this space.

to signify receipt and understanding of applicable DMM regulations regarding delivery of mail to a CMRA by the Postal Service. This application may be subject to verification procedures by the Postal Service to confirm that the CMRA owner or manager resides at the permanent home address listed below, and that identification presented in box 10 is valid. Failure to comply with DMM 508.1.8.1 through 508.1.8.4 and all other applicable Postal Service requirements may subject the agency to withholding of mail until corrective action is taken.

2. Name of Commercial Mail Receiving Agency (CMRA) (Corporation or Trade Name)	3. Name of CMRA Owner/Manager
4. Street Address of CMRA (Number, street, city, state, and ZIP Code)	5. P.O. Box Address of CMRA (Include city, state, and ZIP Code)
6. CMRA Telephone Number ()	7. Permanent Home Address of CMRA Owner/Manager (Number, street, city, state, and ZIP Code)
8. Home Telephone Number of CMRA Owner/Manager ()	
9. Agency Manager or Contact (Name and telephone number) ()	<p>WARNING: The furnishing of false or misleading information on this form, or omission of material information, may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)</p> <p>See Privacy Act Statement on Reverse</p>
10. Two types of identification are required. One must contain a photograph of the CMRA owner or manager. Social Security cards, credit cards, and birth certificates are unacceptable as identification. The postmaster or designee must write in type of identifying information.	11. Signature of CMRA Owner or Manager and Date
a. <input type="text"/> b. <input type="text"/>	
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 naturalization; current lease, a 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 postmaster or designee for verification.	12. Signature of Postmaster or Designee and Date