

~~4/28/16~~ ~~6/22/16~~ 7/29/16

Post Office: Note Mail Arrival Date & Time
(Do Not Round-Stamp)

Postage Statement—Priority Mail—Permit Imprint

Use this form for Priority Mail.

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 Mail Owner (if other than permit holder)
	CAPS Cust. Ref. No. _____ CRID _____		CRID _____		CRID _____

Mailing	Post Office of Mailing	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels	Priority Mail Open and Distribute (PMOD) <input type="checkbox"/>	Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq. No.	No. & Type of Containers ___ Sacks ___ 1 ft. Letter Trays ___ 2 ft. Letter Trays ___ EMM Letter Trays ___ Flat Trays ___ Pallets ___ Other
	Hold For Pickup (HFPU)			Weight of a Single Piece _____ pounds		SSF Transaction ID#	
	# of pieces _____	For Mail Enclosed Within Another Class <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail				Total Pieces	
	Permit # _____	<input type="checkbox"/> First-Class Mail <input type="checkbox"/> First-Class Package Services <input type="checkbox"/> Parcel Select <input type="checkbox"/> Parcel Select Lightweight				Total Weight	

Postage	This is a Political Campaign Mailing <input type="checkbox"/> Yes <input type="checkbox"/> No	Parts Completed (Select all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Commercial Base <input type="checkbox"/> Commercial Plus
	This is Official Election Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Postage (Add parts Totals)		

USPS Use	Additional Postage Payment (State reason)	
	Postmaster: Report Total Postage in AIC 237	Total Adjusted Postage Permit Imprint

Certification	Incentive/Discount Claimed: _____	Type of Fee: _____
	<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. 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 the mailing qualifies for the prices 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.</p> <p style="text-align: right;"><i>Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.</i></p>	
	Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form

USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece _____ pound	Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	USPS Use Only To be completed in non-Postal/One! sites
	Total Pieces _____ Total Weight _____		
	Total Postage _____	Round Stamp (Required) Payment Date _____	
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one) I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)	Date Mailer Notified _____ Contact _____	
	USPS Employee's Signature _____	By (Initials) _____ Time _____ AM _____ PM	
		Print USPS Employee's Name _____	

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Extra Services and Fees

Part S
Extra Services

Check box at left if prices are populated in this section.

Items mailed with Extra Services must meet the mailing standards for the extra service.

		Fee	No. of Pcs. or Lbs.	Subtotal Postage	Discount Total	Total Postage
S1	Certificate of Mailing (3 or more - Form 3665)					
S2	Certified Mail					
S3	Collect on Delivery (COD) <i>HFPU</i>					
S4	USPS Tracking					
S5	Insurance					
S6	Registered Mail					
S7	Signature Confirmation Restricted Delivery					
S8	Return Receipt (Electronic)					
S9	Return Receipt (Form 3811)					
S10	Certified Mail Restricted Delivery					
S11	Signature Confirmation					
S13	Fragile					
S14	Certified Mail Adult Signature Required					
S15	Adult Signature Required					
S16	Adult Signature Restricted Delivery					
S17	Picture Permit Imprint					
S18	Day Certain Delivery					
S19	Certificate of Bulk Mailing (Form 3606-D)					
S20	Sunday Delivery					
S21	Same Day					
S22	Extended Coverage					
S23	IMpb Non-Compliance Fee					
S25	Live Animal Transportation					
S26	Next Day					
S27	Certified Mail Adult Signature Restricted Delivery					
S28	Hazardous Material Transportation					
S29	Perishables					
S30	Registered Mail Restricted Delivery					
S31	Insurance Restricted Delivery					
S32	COD <i>HFPU</i> Restricted Delivery					
S34	Return Receipt for Merchandise					

Part S Total (Add lines S1 - S34)

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