

June 2011

Postal Regulatory Commission
Submitted 5/11/2011 4:22:31 PM

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

Accepted 5/11/2011

United States Postal Service

Postage Statement—Standard Mail

Mailer	Permit Holder's Name and Address and Telephone Email Address, If Any	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. No. _____ CRID _____	CRID _____	CRID _____

Mailing	Post Office of Mailing	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Parcels - Machinable <input type="checkbox"/> Parcels - Irregular <input type="checkbox"/> CMM <input type="checkbox"/> NFM <input type="checkbox"/> Catalogs	Mailer's Mailing Date	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers ____ Sacks ____ 1 ft. Letter Trays ____ 2 ft. Letter Trays ____ EMM Letter Trays ____ Flat Trays ____ Pallets ____ Other
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0 _____ pounds	Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class	Total # of Pieces in Mailing	Of total pieces, # with simplified addresses	
Permit #	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	<input type="checkbox"/> Periodicals	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Weight		
For Automation Pieces, Enter Date of Address Matching and Coding	For Carrier Route Pieces, Enter Date of Address Matching and Coding	For Carrier Route Pieces, Enter Date of Carrier Route Sequencing	For pieces bearing a simplified address enter date of delivery statistics file or alternative method			

Move Update Method:
 Ancillary Service Endorsement FASTforward NCOALink ACS Alternative Method Multiple OneCode ACS n/a Alternative Address Format

Parts Completed (Select all that apply) A B C D E F G H I J K L M S

Mailpiece is a product sample.
 Letter-size or flat mailpiece contains DVD/CD or other disk.

Price at Which Postage Affixed (Check one) Complete if the mailing includes pieces bearing metered or precanceled stamps.
 Correct Lowest Neither _____ pcs. x \$ _____ = **Postage Affixed**

Permit # _____ **Net Postage Due** (~~Subtract postage affixed from total postage~~) **(Line 1 +/- Lines 2,3,4)**

Additional Postage Payment (State reason)
 For postage affixed add additional payment to net postage due;
 for permit imprint add additional payment to total postage.

Total Adjusted Postage Affixed

Postmaster: Report Total Postage in (Permit Imprint Only) **AIC 130** **Total Adjusted Postage Permit Imprint**

Incentive Claimed: _____

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.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com.

Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form _____ Telephone _____

2 Postage
 3 USPS Use
 Add lines 3+4 see attached

1 Subtotal
 Total Postage (Add Parts Totals)

USPS Use Only To be completed in non-Postal/One! sites	Weight of a Single Piece 0 _____ 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	Date Mailed Notified _____ Contact _____	
	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)	By (Initials) _____ Time _____ AM PM	
USPS Employee's Signature _____	Print USPS Employee's Name _____		

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