

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

Date: Today's date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken. This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) Your Name Here		3a. Address to be Used for 2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. Delivery (Include PMB or # sign.) 1574 GULF ROAD, # your assigned Number	
		3b. City POINT ROBERTS	3c. State WA
		3d. ZIP + 4® 98281	
4. Applicant authorizes delivery to and in care of: a. Name TSB SHIPPING PLUS LLC Our Name and		5. This authorization is extended to include restricted delivery mail for the undersigned(s): Blank	
b. Address (No., street, apt./ste. no.) 1574 GULF ROAD address here			
c. City POINT ROBERTS	d. State WA		
6. Name of Applicant Your Name Here		7a. Applicant Home Address (No., street, apt./suite no.) your address	
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write identifying information. Subject to verification.		7b. City Your City	7c. State Prov
		7d. ZIP + 4 Postal Code	
a. ID# from Passport or Nexus	7e. Applicant Telephone Number (Include area code) your phone #		
b. ID# from 2nd source (Driver's License care card)	9. Name of Firm or Corporation Blank		
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, 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 agent for verification. Blank	10a. Business Address (No., street, apt./suite no.) Blank		
	10b. City Blank	10c. State	10d. ZIP + 4
	10e. Business Telephone Number (Include area code) Blank		
	11. Type of Business Blank		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) Blank			
13. If a CORPORATION, Give Names and Addresses of Its Officers Blank		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. Blank	
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).			
15. Signature of Agent/Notary Public Leave Blank - We will Sign here		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) Sign Here	

email address: your email Goes Here