



# Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

<b>1. Private Mailbox (PMB) Information</b>				<b>8. Photo ID Information for Applicant<sup>2</sup></b>			
1a. Date PMB Opened		1b. Date PMB Closed		8a. Applicant's Name		8b. Applicant's ID Number	
04/27/2024		04/27/2024		Robin W. Smith		Photo ID Number	
<b>2. Commercial Mail Receiving Agency (CMRA) Place of Business Information</b>				<b>9. Address ID Information for Applicant<sup>11</sup></b>			
2a. Street Address to be Used for Delivery <sup>1</sup>			2b. PMB #	9a. Applicant's Name		9b. Applicant's Street Home Address <sup>1</sup>	
123 Main St #234				Photo ID Issuing Identity		04/27/2024	
2c. City		2d. State	2e. ZIP + 4 <sup>®</sup>	8e. Photo ID type (check one)			
San Francisco		CA	94106	<input checked="" type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card			
<b>3. Type of Service Requested</b>							
<input checked="" type="checkbox"/> Business/Organization Use <sup>2</sup> <input type="checkbox"/> Residential/Personal Use <sup>3</sup>							
<b>4. Name of Applicant</b>				<b>9. Address ID Information for Applicant<sup>11</sup></b>			
4a. Last Name		4b. First Name	4c. Middle Initial	9a. Applicant's Name			
Smith		Robin	W	Robin W. Smith			
4d. Telephone Number (include area code)		4e. Email Address		9b. Applicant's Street Home Address <sup>1</sup>			
(555) 444-3333		testy@example.com		123 Main St #234			
4f. Applicant's Street Home Address <sup>1,4</sup>				9c. City		9d. State	9e. ZIP + 4
123 Main St #234				San Francisco		CA	94106
4g. City		4h. State	4i. ZIP + 4	9g. Address ID type (check one) — Must Contain the Address in 9b–9f			
San Francisco		CA	94106	<input checked="" type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>10</sup> <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
4k. Is applicant a court-ordered protected individual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," you must attach a copy of the court order.							
<b>5. Authorized Individual<sup>6</sup></b>				<b>10. Photo ID Information for Authorized Individual (if applicable)<sup>9</sup></b>			
5a. Last Name		5b. First Name	5c. Middle Initial	10a. Authorized Individual's Name		10b. Authorized Individual's ID Number	
Smith		Robin	W	Robin W. Smith		Authorized Individual ID Number	
5d. Telephone Number (include area code)		5e. Email Address		10c. Issuing Entity		10d. Expiration Date on the ID	
(555) 444-3333		testy@example.com		Authorized Individual ID Issuing Entity		04/27/2024	
5f. Authorized Individual's Street Home Address <sup>1,6</sup>				10e. Photo ID type (check one)			
123 Main St #234				<input checked="" type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup> <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card			
5g. City				5h. State		5i. ZIP + 4	5j. Country
San Francisco				CA		94106	
<b>6. If Transferring PMB Mail to Another Address<sup>7</sup>...</b>				<b>11. Address ID Information for Authorized Individual (if applicable)<sup>11</sup></b>			
6a. Street Address Mail Is Transferred To <sup>1</sup>				11a. Authorized Individual's Name			
123 Main St #234				Robin W. Smith			
6b. City		6c. State	6d. ZIP + 4	11b. Authorized Individual's Street Home Address <sup>1</sup>			
San Francisco		CA	94106	123 Main St #234			
6f. Telephone Number (include area code)		6g. Email Address		11c. City		11d. State	11e. ZIP + 4
(555) 444-3333		testy@example.com		San Francisco		CA	94106
<b>7. Business/Organization Information</b>				<b>11g. Address ID type (check one) — Must Contain the Address in 11b–11f</b>			
7a. Name of Business/Organization			7b. Type of Business	<input checked="" type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card <sup>12</sup> <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
Business Name			Business Type				
7c. Business Street Address <sup>1</sup>				<b>12. Exceptions for Additional Recipients of Mail<sup>13</sup></b>			
123 Main St #234				Exceptions for Additional Recipients of Mail			
7d. City		7e. State	7f. ZIP + 4	7g. Country		13a. Signature of Applicant <sup>14</sup>	
San Francisco		CA	94106			13b. Date	
7h. Telephone Number (include area code)		7i. Place of Registration <sup>8</sup>		14a. Signature of Witness <sup>15</sup>		14b. Date	
(555) 444-3333		Business place of Registration					

## Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for <i>both</i> the Applicant's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for <i>both</i> the Authorized Individual's photo ID <i>and</i> address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The witness can be the agent, an authorized employee, or a Notary Public.

**Definitions:***Agent:* The Commercial Mail Receiving Agency (CMRA).*Authorized employee:* An employee of the CMRA who is authorized to act on the CMRA's behalf.*Authorized individual:* A person who is authorized to pick up mail for the PMB holder.

**Agreement:** In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant 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 applicant 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) 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 applicant must file an updated application with the agent.

**NOTE:** The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

**Privacy Act Statement:** Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit [www.usps.com/privacypolicy](http://www.usps.com/privacypolicy).

<p><b>Witness my signature and official seal.</b> Notary Public in and for the STATE OF <u>Notary Public State</u>, COUNTY OF <u>Notary Public County</u>. On this ____ day of _____, 20____, the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.</p> <p>Signature of Notary Public _____ My commission expires: _____</p> <p style="text-align: right;">04/27/2024</p>	<p>Official Seal:</p>
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