

Mailing	Post Office of Mailing	Processing Category <input type="checkbox"/> Letters <input type="checkbox"/> CMM <input type="checkbox"/> Flats <input checked="" type="checkbox"/> Automation Flats (DMM 301.3) <input checked="" type="checkbox"/> Parcels	Federal Agency Cost Code	Total Pieces	
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered				
Mail	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	If Sacked, Based on <input type="checkbox"/> 125 pcs <input type="checkbox"/> 15 lbs. <input type="checkbox"/> both	Total Weight	Detached Address Labels? (DMM 602.4) <input type="checkbox"/> Yes <input type="checkbox"/> No
	For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.3.3) ____/____/____		For Enhanced Carrier Route Rate Pieces, Enter Date of Carrier Route Sequencing (DMM 245/345/445.6.10.1) ____/____/____		

Postage	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"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S
	Total Postage (Add parts totals)
	Rate at Which Postage Affixed (Check one) (DMM 244, 344, 444) <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither _____ pcs. x \$ _____ = Postage Affixed
	(Subtract postage affixed from total postage) (State reason)
For postage affixed add additional payments to net postage due; for permit imprint add additional payment to total postage.	
Postmaster: Report Total Postage in (Permit Imprint Only) AIC 130	Total Adjusted Postage Permitted

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 that the mailing qualifies for the rates 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.

USPS Use Only	Total Pieces: _____ Total Weight: _____ pounds	Are postage figures at left adjusted from mailer's entries? If "Yes" state reason.	Round Stamp (Required)
	Total Postage: _____		
	<input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled (and presort where required);	Date Mailer Notified: _____ Contact: _____	
	Verifying Employee's Signature: _____	AM PM	



NONE

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DBMC

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DSCF

NONE

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NONE

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DSCF

NONE

DBMC

DSCF

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NONE

DBMC

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Customized MarketMail

Part L
 Customized MarketMail Rates - Pieces 3.3 oz. (0.2063) or Less
 Rates include \$0.242 residual shape surcharge.

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

CMM Rate X Number of Pieces = Total

Part L Total

L1 Basic .605

Repositionable Notes

Repositionable Notes (RPNs) —
 Rate includes only charge for RPN, it does not include applicable postage charges. If using RPNs all pieces in mailing must include RPNs.

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

RPN Rate X Number of Pieces = Total

Part M Total

M1 Repositionable Notes (Standard Mail) .015

Extra Services

Part S
 Extra Services

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

	Domestic Service	Fee	Number of Pieces	Total
1	C (3)	\$0.30		
2	C	\$2.30		
3	C D (C D)			
S4	Delivery Confirmation (electronic option only)			
S5	Insured Mail (bulk only) DMM 503.4.4			
6				
7				
8	D			
9				
10				
11	C			
12				

Part S Total

