UNITED STATES POSTAL SERVICE®

Application for Delivery of Mail Through Agent

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

1. Private Mailbox (PMB) Information

1a. Date PMB Opened

1b. Date PMB Closed

2. Commercial Mail Receiving Agency (CMRA) Place of Business Information

2a. Street Address to be Used for Delivery[1]: 1711 Willamette ST Ste 301

2b. PMB #

2c. City: Eugene

2d. State: OR

2e. ZIP + 4®: 97401-4593

3. Type of Service Requested

☐ Business/Organization Use[2] ☐ Residential/Personal Use[3]

4. Name of Applicant

4a. Last Name | 4b. First Name | 4c. Middle Initial

4d. Telephone Number (include area code) | 4e. Email Address

4f. Applicant's Street Home Address[1,4]

4g. City | 4h. State | 4i. ZIP + 4 | 4j. Country

4k. Is applicant a court-ordered protected individual? ☐ Yes ☐ No
If "Yes," you must attach a copy of the court order.

5. Authorized Individual[5]

5a. Last Name | 5b. First Name | 5c. Middle Initial

5d. Telephone Number (include area code) | 5e. Email Address

5f. Authorized Individual's Street Home Address[1,6]

5g. City | 5h. State | 5i. ZIP + 4 | 5j. Country

6. If Transferring PMB Mail to Another Address[7]…

6a. Street Address Mail Is Transferred To[1]

6b. City | 6c. State | 6d. ZIP + 4 | 6e. Country

6f. Telephone Number (include area code) | 6g. Email Address

7. Business/Organization Information

7a. Name of Business/Organization | 7b. Type of Business

7c. Business Street Address[1]

7d. City | 7e. State | 7f. ZIP + 4 | 7g. Country

7h. Telephone Number (include area code) | 7i. Place of Registration[8]

8. Photo ID Information for Applicant[9]

8a. Applicant's Name | 8b. Applicant's ID Number

8c. Issuing Entity | 8d. Expiration Date on the ID

8e. Photo ID type *(check one)*

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[10]
☐ Uniformed Service ID ☐ Passport ☐ Certificate of Naturalization
☐ U.S. Access Card ☐ Matricula Consular ☐ U.S. Permanent Resident Card
☐ U.S. University ID Card ☐ NEXUS Card

9. Address ID Information for Applicant[11]

9a. Applicant's Name

9b. Applicant's Street Home Address[1]

9c. City | 9d. State | 9e. ZIP + 4 | 9f. Country

9g. Address ID type (check one) — Must Contain the Address in 9b–9f

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[10]
☐ Current Lease ☐ Home or Vehicle Insurance Policy
☐ Mortgage or Deed of Trust ☐ Vehicle Registration Card ☐ Voter Card

10. Photo ID Information for Authorized Individual (if applicable)[9]

10a. Authorized Individual's Name | 10b. Authorized Individual's ID Number

10c. Issuing Entity | 10d. Expiration Date on the ID

10e. Photo ID type *(check one)*

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[12]
☐ Uniformed Service ID ☐ Passport ☐ Certificate of Naturalization
☐ U.S. Access Card ☐ Matricula Consular ☐ U.S. Permanent Resident Card
☐ U.S. University ID Card ☐ NEXUS Card

11. Address ID Information for Authorized Individual (if applicable)[11]

11a. Authorized Individual's Name

11b. Authorized Individual's Street Home Address[1]

11c. City | 11d. State | 11e. ZIP + 4 | 11f. Country

11g. Address ID type (check one) — Must Contain the Address in 11b–11f

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[12]
☐ Current Lease ☐ Home or Vehicle Insurance Policy
☐ Mortgage or Deed of Trust ☐ Vehicle Registration Card ☐ Voter Card

12. Exceptions for Additional Recipients of Mail[13]

13a. Signature of Applicant[14] | **13b. Date**

14a. Signature of Witness[15] | **14b. Date**

Direct questions to: Retail, Chief Retail and Delivery Officer at *CMRAprogram@usps.gov.*
This form is on the Internet at *www.usps.com*®

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 *both* the Applicant's photo ID *and* address ID, *it may be used for only one of the IDs (either photo ID or address ID)*, 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 *both* the Authorized Individual's photo ID *and* address ID, *it may be used for only one of the IDs (either photo ID or address ID)*, 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*.

Witness my signature and official seal. Notary Public in and for the STATE OF _____,

COUNTY OF _____. 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.

Signature of Notary Public *My commission expires:*

_____ _____, 20_____

Official Seal:

Direct questions to: Retail, Chief Retail and Delivery Officer at *CMRAprogram@usps.gov.*
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