

## **Application for Delivery of Mail Through Agent**

B. Photo D Information for Applicant*   B. Applicant* B.	See Reverse for Inst	ructions, De	efinitions, <i>I</i>	Agreem	ent Term	ns, and	the Privacy Act Statement.			
2. Commercial Mail Receiving Agency (CMTA) Place of Business Information 2. Street Address to be Used for Delayor' 3940 LAUREL CANYON BLVD 20. State 20. State 20. PH 4 30. Filter Stripping Street Horizon Street Horizon Street Horizon Address 3. Type of Service Requested 20. Business Craphization Use 40. First Name 40. Middle Initial 40. First Name 40. First Name 40. First Name 40. Middle Initial 40. First Name 40. Address Street Horizon Address 41. Applicant's Street Horizon Address 42. Email Address 43. Email Address 44. Country 45. City 46. State 46. State 46. State 47. Applicant's Street Horizon Address 48. It supplicant a coast-ordered protected individual? The Name 48. It supplicant a coast-ordered protected individual? The Name 49. City 49. City 49. State 40. First Name 40. Middle Initial 40. Authorizon of Individual (in Application Coral — Horizon Cor	1. Private Mailbox (PMB) Information									
2s. PMB 8 3900 TAIREL CANYON IN IVD  2s. CRy STUDIO CITY CA 91604 - 3709 STUDIO CITY C	1a. Date PMB Opened		1b. Date PMB Closed				8a. Applicant's Name	8b. Applicant's ID Number		
2s. PMB 8 3900 TAIREL CANYON IN IVD  2s. CRy STUDIO CITY CA 91604 - 3709 STUDIO CITY C										
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20. City			RA) Place of B				oc. Issuing Entity	ou. Expiration Da	ite on the iD	
2c. City	2a. Street Address to be Used for Delivery 2b. PMB #									
STUDIO CITY  CA 91604 13709    U.S. State Ferritory files Diversity or Presport   U.S. State Ferritory files Diversity or Presport   U.S. Diversity of Design   U.S. Permanent Resident Card   U.S. Diversity of Design   U.S. Diversity	3940 LAUREL CANYON BLVD									
Support of Normalization   Cartifornia of Nationalization   Cart	2c. City	2d. State	2e. ZII	e. ZIP + 4®		8e. Photo ID type (check one)				
Uniformed Service Requested   Pesson   Continued Service   Conti	STUDIO CITY		CA	9160	01604 + 3700		☐ U.S. State/Territory/Tribal Driver's or None	driver's ID Card <sup>10</sup>		
Business/Organization Uses   Residential/Personal Uses   G. Aldress   Street Home Address   Street Address   Street Home Address   Street Address   St		_		7100			1 _ 1 _ 1 _ 1 _ 1 _ 1 1 1 1 1 1 _ 1			
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4d. Telephone Number (include area code)  4e. Email Address  9b. Applicant's Street Home Address'  9c. City  9c. City  9d. State  9c. City  9d. State  9c. Zity 4 9f. Country  4g. City  4g. City  4g. State  4g. Country  9g. Address ID type (check one) — Must Contain the Address in 9b-9f  4g. City — 4g. State  4g. City — 4g. State  4g. City — 4g. State  4g. Country  9g. Address ID type (check one) — Must Contain the Address in 9b-9f  4g. City — 4g. State  4g. City — 4g. State  4g. City — 4g. State  4g. Country  9g. Address ID type (check one) — Must Contain the Address in 9b-9f  4g. City — 4g. State  4g. City — 4g. State  4g. Country  9g. Address ID type (check one) — Must Contain the Address in 9b-9f  4g. City — 4g. State  4g. City — 4g. State  4g. Country  9g. Address ID type (check one) — Must Contain the Address in 9b-9f  10g. Authorized Individual's Internation for Authorized Individual's Internation Individual Internation I	☐ Business/Organization Use	e² □ Resid	dential/Persona	I Use <sup>3</sup>			☐ U.S. University ID Card ☐ NEXUS Car	d		
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4f. Applicant's Street Home Address**  4g. City  4h. State  4l. St										
4f. Applicant's Street Home Address**  4g. City  4h. State  4l. St	4d Telephone Number (includ	le area code)	4e Fmail Ado	l dress			9h Applicant's Street Home Address <sup>1</sup>			
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4g. City										
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U.S. State/Territory/Tribal Driver's or Nondriver's ID Card*   Current Lease										
U.S. State/Territory/Tribal Driver's or Nondriver's ID Card*   Current Lease	4a City		4h Ctoto	4: ZID .	4 4: 0	No. motor /	Os Address ID time (sheek ene) Must Cons	tain the Address in	Oh Of	
Current Lease   Home or Vehicle Insurance Policy   No   If "Nes," you must attach a copy of the court order.   S. Authorized Individual*   St. First Name   Sc. Middle Initial   10. Photo ID Information for Authorized Individual* (If applicable)*   10a. Authorized Individual* (Street Home Address*   10c. Issuing Entity   10d. Expiration Date on the ID   10d. Authorized Individual* (Street Home Address*   10c. Issuing Entity   10d. Expiration Date on the ID	4g. City		4n. State	41. ZIP +	4 4.0	Journity	<u>-</u>		90-91	
4k. Is applicant a court-ordered protected individual?										
State   Stat	Ak le applicant a court-ordered protected individual?						1			
Sa. Authorized Individual*   Sb. First Name	·					☐ INIORIGAGE OF Deed OF Trust ☐ Vehicle Registration Card ☐ Voter Card				
5d. Telephone Number (include area code) 5e. Email Address  10c. Issuing Entity  10d. Expiration Date on the ID  5f. Authorized Individual's Street Home Address*  10e. Photo ID type (check one)  U.S. State/Territory/Tribal Driver's or Nondriver's ID Card*  U.S. State/Territory/Tribal Driver's or Nondriver's ID Card*  U.S. State/Territory/Tribal Driver's or Nondriver's ID Card*  U.S. Permanent Resident Card  U.S. University ID Card NEXUS Card  11. Address ID Information for Authorized Individual (if applicable)*  11a. Authorized Individual's Name  6b. City  6c. State 6d. ZIP + 4 6e. Country  11b. Authorized Individual's Street Home Address*  11c. City  11d. State Intervious Individual's Street Home Address*  11d. City  11d. State Intervious Individual's Street Home Address*  11d. City  11d. State Intervious Individual's Street Home Address*  11d. City  11d. State Intervious Individual (if applicable)*  11d. State Intervious Individual (if applicable)*  11d. State Intervious Intervious Intervious Individual (if applicable)*  11d. State Intervious Interv	5. Authorized Individual <sup>5</sup>						10. Photo ID Information for Authorized Individual (if applicable) <sup>9</sup>			
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Uniformed Service ID										
G. If Transferring PMB Mail to Another Address'							☐ Uniformed Service ID ☐ Passport	☐ Certi	ficate of Nat	uralization
6. If Transferring PMB Mail to Another Address? 6a. Street Address Mail Is Transferred To¹  11a. Authorized Individual's Name  11b. Authorized Individual's Name  6b. City  6c. State  6d. ZIP + 4  6e. Country  11b. Authorized Individual's Street Home Address¹  11c. City  11d. State  11e. ZIP + 4  11f. Country  7b. Type of Business  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹²  Current Lease  Home or Vehicle Insurance Policy  Mortgage or Deed of Trust  12. Exceptions for Additional Recipients of Mail¹³  7d. City  7e. State  7f. ZIP + 4  7g. Country  13a. Signature of Applicant¹4  13b. Date	5g. City		5h. State 5i. ZIP		4 5j. C	Country	☐ U.S. Access Card ☐ Matricula C	onsular 🗌 U.S.	Permanent I	Resident Card
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6a. Street Address Mail Is Transferred To¹  11a. Authorized Individual's Name  6b. City  6c. State  6d. ZIP + 4  6e. Country  11b. Authorized Individual's Street Home Address¹  11c. City  11d. State  11e. ZIP + 4  11f. Country  7. Business/Organization Information  7a. Name of Business/Organization  7b. Type of Business  11c. City  11d. State  11e. ZIP + 4  11f. Country  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID type (check one) — Must Contain the Address in 11b–11f  11g. Address ID	6 If Transferring DMR Mail to Another Address?						11 Address ID Information for Authorized Individual (if applicable) <sup>11</sup>			
6f. Telephone Number (include area code) 6g. Email Address 11c. City 11d. State 11e. ZIP + 4 11f. Country  7. Business/Organization Information 7a. Name of Business/Organization 7b. Type of Business 11c. City 11g. Address ID type (check one) — Must Contain the Address in 11b–11f  U.S. State/Territory/Tribal Driver's or Nondriver's ID Card¹²²  Current Lease Home or Vehicle Insurance Policy Mortgage or Deed of Trust Vehicle Registration Card Voter Card  7c. Business Street Address¹ 12. Exceptions for Additional Recipients of Mail¹³  7d. City 7e. State 7f. ZIP + 4 7g. Country 13a. Signature of Applicant¹⁴ 13b. Date			000 111							
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7h Talanhara Nambar (irah da ayas as da) 7i Diaga of Davishutian	/c. Business Street Address <sup>1</sup>						12. Exceptions for Additional Recipients of	Mail <sup>13</sup>		
7h Talanhara Nambar (irah da ayas as da) 7i Diaga of Davishutian										
7h Talanhara Nambar (irah da ayas as da) 7i Diaga of Davishutian	7d. City		7e. State	7f. ZIP +	4 7g. 0	Country	13a. Signature of Applicant <sup>14</sup>		13b. Da	te
7h. Telephone Number (include area code) 7i. Place of Registration <sup>8</sup> 14a. Signature of Witness <sup>15</sup> 14b. Date						-				
7h. Telephone Number (include area code) 7i. Place of Registration <sup>8</sup> 14a. Signature of Witness <sup>15</sup> 14b. Date										
	7h. Telephone Number (includ	le area code)	7i. Place of R	egistration	8		14a. Signature of Witness <sup>15</sup>		14b. Da	ite

## 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 a	Official Seal:			
COUNTY OF On this the applicant, who proved to me on the basis of satisfactor this application, appeared before me, and did personally si				
Signature of Notary Public	ture of Notary Public My commission expires:			