

Form 1583 Sample Guide

 = Business Fields

 = Complete fields in **A B C** order to avoid mistakes requiring re-notarization


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 Date Mailbox Opened		1b. Date PMB Closed		8. Photo ID Information for Applicant⁸ 8a. Applicant's Name Applicant's Legal Name - As Listed on IDs		8b. Applicant's ID Number Photo ID Number	
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information 2a. Street Address to be Used for Delivery ¹ 3564 Avalon Park E Blvd, Ste 1				2b. PMB # YOUR NUMBER		8c. Issuing Entity State or Agency that Issued Photo ID	
2c. City Orlando		2e. ZIP + 4 [®] 32828		8d. Expiration Date on the ID Photo ID Expiration Date			
3. Type of Service Requested Select One <input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ²				(For USPS purposes only. Selection will not affect your plan)			
4. Name of Applicant 4a. Last Name Applicant's Legal Name - As Listed on IDs				4b. First Name 4c. Middle Initial			
4d. Telephone Number (include area code) Applicant's Phone Number				4e. Email Address Applicant's Email Address			
4f. Applicant's Street Home Address ¹⁴ B Address must match the Address ID (9g), NOT the Photo ID				9c. City C Address must match the Address ID (9g), NOT the Photo ID			
4g. City B Address must match the Address ID (9g), NOT the Photo ID		4i. ZIP + 4		4j. Country		9e. ZIP + 4	
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," you must attach a copy of the court order.				9f. Country			
5. Authorized Individual⁹ 5a. Last Name N/A				5b. First Name N/A		5c. Middle Initial N/A	
5d. Telephone Number (include area code) N/A				5e. Email Address N/A			
5f. Authorized Individual's Street N/A				Block 5 (Not applicable)			
5g. City N/A		5h. State N/A		5i. ZIP + 4 N/A		5j. Country N/A	
6. If Transferring PMB Mail to Another Address⁷... 6a. Street Address Mail Is Transferred To ¹ N/A				Block 6 (Not applicable)			
6b. City N/A		6d. ZIP + 4 N/A		6e. Country N/A		Block 10 (Not applicable)	
6f. Telephone Number (include area code) N/A				6g. Email Address N/A			
7. Business/Organization Information 7a. Name of Business/Organization Business/Organization Name				7b. Type of Business Business Type			
7c. Business Street Address ¹ Enter Business Address - As Registered				Block 11 (Not applicable)			
7d. City Business Phone Number		7e. State		7f. ZIP + 4		7g. Country	
7h. Telephone Number (include area code) Business Phone Number				7i. Place of Registration ⁸ Domestic: Enter County & State Foreign: Enter Country			
10. Photo ID Information for Authorized Individual (if applicable)⁹ 10a. Authorized Individual's Name N/A				10b. Authorized Individual's ID Number N/A			
10c. Issuing Entity N/A				10d. Expiration Date on the ID N/A			
10e. Photo ID type (check one) <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <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				Block 10 (Not applicable)			
11. Address ID Information for Authorized Individual (if applicable)¹¹ 11a. Authorized Individual's Name N/A				Block 11 (Not applicable)			
11b. Authorized Individual's Street Home N/A		11c. City N/A		11d. State N/A		11e. ZIP + 4 N/A	
11f. Country N/A		11g. Address ID type (check one) — Must Contain the Address in 11b–11f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <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		Block 11 (Not applicable)			
12. Exceptions for Additional Recipients of Mail¹³ Minor Children (Under 18yrs) only				13a. Signature of Applicant¹⁴ Applicant's Signature			
13b. Date Date				14a. Signature of Witness¹⁵ Agent/Notary's Signature			
14b. Date Date				14c. Date Date			

UNREGISTERED?

Business Address: Address in 2a-e can be used
 Place of Registration: Enter N/A
 (One business name per account)



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1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁹	
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information		9. Address ID Information for Applicant¹¹	
2a. Street Address to be Used for Delivery ¹ 3564 AVALON PARK E BLVD, STE 1		9a. Applicant's Name	
2b. PMB #		9b. Applicant's Street Home Address ¹	
2c. City ORLANDO	2d. State FL	2e. ZIP + 4 [®] 32828	9c. City
3. Type of Service Requested			9d. State
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³			9e. ZIP + 4
4. Name of Applicant			9f. Country
4a. Last Name	4b. First Name	4c. Middle Initial	9g. Address ID type (check one) — Must Contain the Address in 9b-9f
4d. Telephone Number (include area code)	4e. Email Address		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰
4f. Applicant's Street Home Address ^{1,4}			<input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization
4g. City	4h. State	4i. ZIP + 4	<input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.			<input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card
5. Authorized Individual⁶			10. Photo ID Information for Authorized Individual (if applicable)⁹
5a. Last Name	5b. First Name	5c. Middle Initial	10a. Authorized Individual's Name
5d. Telephone Number (include area code)	5e. Email Address		10b. Authorized Individual's ID Number
5f. Authorized Individual's Street Home Address ^{1,6}			10c. Issuing Entity
5g. City	5h. State	5i. ZIP + 4	10d. Expiration Date on the ID
6. If Transferring PMB Mail to Another Address⁷			10e. Photo ID type (check one)
6a. Street Address Mail Is Transferred To ¹			<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹²
6b. City	6c. State	6d. ZIP + 4	<input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization
6e. Country			<input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card
6f. Telephone Number (include area code)			<input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card
6g. Email Address			11. Address ID Information for Authorized Individual (if applicable)¹¹
7. Business/Organization Information			11a. Authorized Individual's Name
7a. Name of Business/Organization			11b. Authorized Individual's Street Home Address ¹
7b. Type of Business			11c. City
7c. Business Street Address ¹			11d. State
7d. City	7e. State	7f. ZIP + 4	11e. ZIP + 4
7g. Country			11f. Country
7h. Telephone Number (include area code)			11g. Address ID type (check one) — Must Contain the Address in 11b-11f
7i. Place of Registration ⁸			<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰
12. Exceptions for Additional Recipients of Mail¹³			<input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy
13a. Signature of Applicant ¹⁴			<input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card
13b. Date			
14a. Signature of CMRA or Authorized Employee ¹⁵			14b. Date

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 agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

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 sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. 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.

<p>Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the application, appeared before me, and acknowledged their signature.</p> <p>Signature of Notary Public _____ My commission expires: _____, 20_____</p>	<p>Official Seal:</p>
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