

Application for Delivery of Mail Through Agent ADD-ON

See Privacy Act Statement on Reverse

Box # _____

1. Date _____

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee 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 addressee 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) upon request 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 addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee 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 boxes 7 or 10, and that the identification listed in box 8 is valid.

<p>2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)</p>	<p>3a. Address to be Used for Delivery (Include PMB or # sign.)</p> <p style="text-align: center;">5318 E 2nd St., #</p>		
	<p>3b. City</p> <p>Long Beach</p>	<p>3c. State</p> <p>CA</p>	<p>3d. ZIP + 4®</p> <p>90803-5324</p>
<p>4. Applicant authorizes delivery to and in care of:</p> <p>a. Name</p> <p style="text-align: center;">Shore Business Center</p> <p>b. Address (No., street, apt./ste. no.)</p> <p style="text-align: center;">5318 E 2nd St.</p> <p>c. City</p> <p style="text-align: center;">Long Beach</p> <p>d. State</p> <p style="text-align: center;">CA</p> <p>e. ZIP + 4</p> <p style="text-align: center;">90803-5324</p>	<p>5. This authorization is extended to include restricted delivery mail for the undersigned(s):</p>		
<p>6. Name of Applicant</p>	<p>7a. Applicant Home Address (No., street, apt./ste. no)</p>		
<p>8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.</p> <p>a.</p> <p>b.</p> <p>Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.</p>	<p>7b. City</p>	<p>7c. State</p>	<p>7d. ZIP + 4</p>
	<p>7e. Applicant Telephone Number (Include area code)</p>		
	<p>9. Name of Firm or Corporation</p>		
	<p>10a. Business Address (No., street, apt./ste. no)</p>		
	<p>10b. City</p>	<p>10c. State</p>	<p>10d. ZIP + 4</p>
	<p>10e. Business Telephone Number (Include area code)</p>		
	<p>11. Type of Business</p>		
<p>12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)</p>	<p>14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.</p>		
<p>13. If a CORPORATION, Give Names and Addresses of Its Officers</p>	<p>14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.</p>		
<p>Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).</p>			
<p>15. Signature of Agent/Notary Public</p>	<p>16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)</p>		

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

Initials _____

Acknowledgement by Private Mailbox Service Shore Business Center Customers

This acknowledgement is required by Section 17538.5 of the Business and Professions Code.

Any person obtaining private mailbox receiving service in the State of California must read and acknowledge receipt of the following statement, which is to be kept on file at this CMRA and will be made available, upon demand, to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. By requesting and obtaining use of a private mailbox receiving service in the State of California, I acknowledge that:

1. I am obligated to disclose my actual home address or place of residence on a USPS Form 1583 or other form as may later be developed and I further agree that I will provide prompt written notice to this CMRA of any subsequent change in my home address or place of residence.
2. By signing below, I irrevocably authorize this CMRA to act as my agent for service of process to receive any legal documents that may be served upon me. This authorization shall continue from the date of this agreement until two years after my mail receiving service has been terminated. I understand that this CMRA will (A) place a copy of the documents or a notice that the documents were received into my mailbox or other place where I usually receive my mail, unless my mail receiving service has been terminated, and (B) send all documents by first-class mail to the home or other address last known to the CMRA.
3. I further acknowledge that I understand that use of a private mailbox receiving service for commercial purposes in the State of California requires the user to comply with all applicable laws, including Section 17538.5 of the Business and Professions Code and laws prohibiting unfair competition and false advertising as set forth in Sections 17200 and 17500 of the Business and Professions Code. Violation of these laws may result in criminal or civil penalties or both. I understand that the United States Postal Service Form 1583 that must be prepared for each private mailbox receiving service customer shall be delivered to the local United States Post Office and a copy of the form must be retained by this CMRA and made available upon demand to the Department of Consumer Affairs or any law enforcement agency conducting an investigation. I hereby agree to accept and abide by the foregoing requirements.

Mailbox Holder Information

Mailbox Holder Signature:	Date: / /	
Mailbox Holder Printed Name:	Box Number:	
Address:		
City:	State:	ZIP: -