UNITED STATES POSTAL SERVICE ®

Bulk Proof of Delivery Application

A. Program Information

Bulk Proof of Delivery provides mailers the opportunity to receive proof of delivery (delivery record) information in bulk. Participation is limited to mailers who use a DUNS® number in their labels or in an electronic file. Mailers must complete a certification process and/or authorization process to participate. See Pub. 80, *Bulk Proof of Delivery Program*, for general program details. See Pub. 91, *Confirmation Services Technical Guide*, for certification details. The company/mail owner (not a third-party designee) must complete this form. See Page 2 for instructions on completion. Please print or type when completing this form.

B. Mailer Information

1. Company Name	7. Today's Date
2. Dun & Bradstreet DUNS Number	8. Point of Contact
3. Street Address *(Number, street, suite, apt., etc.)*	9. E-mail Address of Company Point of Contact
	10. Telephone Number and Extension
4. City 5. State 6. ZIP+4®	11. Fax Number

C. Delivery Preferences and Methods

12. Delivery Preference

☐ Send Records to Third-Party Designee   ☐ Send Records to Mailer

13. Electronic File Submission

☐ Yes, by Mailer   ☐ Yes, by Third-Party Designee   ☐ No

14. Are you currently certified to print your own labels or to send and/or receive files electronically with the Postal Service™?

☐ a. Yes, I am certified to print my own labels and/or send my own electronic files (if applicable).

☐ b. No, a third-party designee prints my labels and/or sends my electronic files (if applicable)

If you selected option 14b, or if you selected the third-party designee option in item 12, provide the information on your third-party designee below.

This number must be different than your DUNS number, which must be listed in item 2, above.

_____ (Third-Party Designee *Name*)   _____ (Third-Party Designee *Fax Number*)   _____ (Third-Party Designee *DUNS Number**)

15. Mailers with more than one DUNS number or mailing location may wish to consolidate all proof of delivery records into one Signature Extract File or CD-ROM. If you are interested in this feature, please complete this section. Use an extra form/attachment if necessary.

☐ I want records for the DUNS numbers listed below consolidated into the DUNS number listed in item 2 above.

_____   _____   _____

_____   _____   _____

16. Method of Record Delivery *(EDI is not available at this time.)*

☐ CD-ROM   ☐ Signature Extract File (via File Transfer Protocol -- FTP)

17. Express Mail and/or Special Services (*—*Users must pay $1.30 for each record for the four services indicated -- see Pub. 80 for details.*)

☐ Express Mail® *(manifest mailers only)*   ☐ *Certified Mail™   ☐ *Insured Mail

☐ Signature Confirmation™ Service   ☐ *COD Mail   ☐ *Registered Mail™

18. Payment Methods *(Select payment method a or b. For additional information, see instructions for item 18 on Page 2 of this form.)*

☐ a. Pay at Mailing   ☐ Meter   ☐ PC Postage

☐ b. Pay as Compiled   ☐ Credit Card *(Must complete PS Form 5054, BPOD Payment Authorization.)*

D. Application Submission Process

19. Fax or mail completed form to:

PRODUCT INFORMATION REQUIREMENTS
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLZ SW RM 425 PROMENADE
WASHINGTON DC 20260-0425
Fax Number: 202-268-4620

Questions about completing this form? Call Confirmation Services Technical Support Center at 877-264-9693, Option 1.

20. Notes/Comments *(Use an attachment if necessary.)*

21. Requestor's Signature

E. Completed by Postal Service Representative

22. Name and Title	23. Phone Number and Extension	24. Area and District

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Instructions for completing PS 5053

Items 1-8 contain information on the company that owns the mail and the corresponding proof of delivery records. That company (referred to as the mailer) must complete this application. A third-party designee (such as a consolidator or vendor) cannot complete it for the mailer.

Item 1:   Insert the name of your company (this must be the company that owns the mail).

Item 2:   Provide your Dun & Bradstreet DUNS number that is assigned to the company (owner of the mail). If you do not have a DUNS number, refer to Publication 80 or Publication 91 on how to obtain one.

Item 3:   Complete your company street address.

Item 4:   List the city where your business is located.

Item 5:   Use the appropriate two-letter abbreviation for your state -- e.g., use "MD" for Maryland.

Item 6:   Provide complete Zip+4 information.

Item 7:   Insert the date you are completing/submitting the application.

Item 8:   Provide the name of the person in your company that will be the main point of contact for this program.

Item 9:   Provide the e-mail address of your company contact person.

Item 10:   Provide the telephone number and extension of your company contact person.

Item 11:   Provide the fax number of your company (or contact person).

Items 9-16 contain information on your delivery preference, if you will be submitting electronic files, certification issues, method of delivery, service types being used, and payment methods. Follow these instructions for completion to avoid delays in processing your application.

Item 12:   Indicate if you would like your proof of delivery records sent to you or to a third-party designee (consolidator/vendor). Please indicate your preference in this section. Note: Third-party designees are eligible to receive proof of delivery information if authorized by the mailer. If you use a third-party designee for mailing services, proof of delivery information may be sent to you or your designee. If you select a third-party designee to receive your proof of delivery records, this form serves as your official authorization allowing the Postal Service to provide all your proof of delivery records to this third party.

Item 13:   All customers mailing electronic option Signature Confirmation service or those choosing the Pay at Mailing method are required to submit electronic files, Indicate if you or your third-party designee will be submitting an electronic file on a regular basis.

Item 14:   Indicate if you print your own labels and/or send your own files or if you use a third-party designee to print your labels and/or send your files. If you select option 14, you must provide your third-party designee name, fax number, and DUNS number. Note: If a third-party designee submits electronic files, your third-party designee must place your DUNS number in the label number itself or the Client DUNS number field of the electronic file for the Postal Service to compile and provide your proof of delivery records.

Item 15:   If your company has multiple DUNS numbers that you want to compile into one file, please specify your preference in this section. This can be used if you are certified to print your own labels and/or send your own electronic files or if you are using a third-party designee to print your labels and/or send your electronic files.

Item 16:   Designate your preferred method of record delivery. Choose either CD-ROM (compiled the 1st and the 15th of the month) or Signature Extract File (compiled every Monday). *Choose only one option.* If you choose the Signature Extract File option, you must participate in the electronic file submission process. See Publication 91, *Confirmation Services Technical Guide*, for information on sending and retrieving files.

Item 17:   Indicate whether you will be using Express Mail and/or any special service. Check each box for which you require records. If your company uses a different DUNS number for different services, then complete a separate form for each service and DUNS number.

Item 18:   Specify your preferred payment method. Mailers can pay at the time of mailing (Pay at Mailing) with postage meters or PC Postage or pay by credit card at the time the Postal Service compiles the proof of delivery records (Pay as Compiled). For the Pay at Mailing option, an electronic file is required. If you are using Express Mail or Signature Confirmation service, a payment method is not applicable (these records are provided for no additional fee). If you pay by credit card, you must complete PS Form 5054, *Bulk Proof of Delivery Payment Authorization.*

Item 19:   Fax or mail completed form as indicated.

Item 20:   Provide any notes or comments.

Item 21:   The point of contact listed in item 8 must sign the form here.

Items 22-24 are reserved for use by the Postal Service.