



1. Express Mail Service Corporate Account No.

Express Mail® Service Manifest System Application

Customer Information

2. Company Name		3. Dun & Bradstreet No. (DUNS®)	4. Post Office Where Express Mail Service Corporate Account is Held (City, state, ZIP + 4)
5. Address (No., street, ste. no., city, state, ZIP + 4)		6. Estimated Start Date	
7. Name of Company Representative Responsible for Manifest System			
8a. Company Representative Phone Number (Include area code) ()	8b. Company Representative Email Address	8c. Company Representative Fax No.	
9. Applicant's Signature	10. Date Signed	11. Are you currently certified or pending certification for Confirmation Service™? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Technical Information

12. How will you send your electronic files to the USPS host computer? Choosing the option that best suits your situation will shorten the process by two weeks.

a. Internet FTP b. Dial-up (modem) Zipped c. Dial-up (modem) UnZipped d. Electronic Data Interchange
(If checked go to item 15)

13a. IT Manager's Name	13b. Phone Number/Extension/Fax No. (Include area code) ()	13c. Email Address	
14a. Shipping Manager's Name	14b. Phone Number/Extension/Fax No. (Include area code) ()	14c. Email Address	
15a. Will commercial vendor software be used to produce the electronic file and/or labels? <input type="checkbox"/> Yes. Please complete items 15b-15e. <input type="checkbox"/> No. We will develop our own system. (Skip to question 16 below.)			
15b. Software Company Name	15c. Product Name and Version Number		
15d. Contact Name and Title	15e. Phone Number and Extension (Include area code) ()		
16. Packaging a. <input type="checkbox"/> Customer Provided b. <input type="checkbox"/> USPS Provided c. <input type="checkbox"/> None	17. Reserved	18. Type of Payment a. <input type="checkbox"/> Stamps d. <input type="checkbox"/> Other b. <input type="checkbox"/> Meter c. <input type="checkbox"/> Manifest	19. Estimated Mail Quantity per Week
20a. What kind of barcode labels will customer use? i. <input type="checkbox"/> Express Mail Manifesting - USPS Preprinted ii. <input type="checkbox"/> Express Mail Manifesting - Customer Preprinted	20b. Send preprinted labels to: (No., street, ste. no., city, state, ZIP + 4)		21. Are you a consolidator? <input type="checkbox"/> Yes <input type="checkbox"/> No
	20c. Telephone Number (Include area code) ()		22a. If "YES", are you using vendor software? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Product Name & Version: _____
		23. Are you a vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

24a. Post Office Where Express Mail Service Manifest Mailings Will Be Presented (City, state, ZIP + 4)

24b. What Express Mail service options will you use? Check all that apply.
 Post Office to Addressee Global Express Mail COD Insured Return Receipt

25. Have arrangements been made for the verification and acceptance of your Express Mail service packages?
 Yes No (Please contact your postmaster)

General Information (Cont.)

26. What is the projected daily volume and total daily postage?

_____ Volume

_____ Postage

27. Is your software Manifest Analysis and Certification (MAC) Program or MAC-Gold certified?

Yes

No. Explain how your manifest system ensures against duplicate mailpiece identification numbers within a mailing (identification numbers must be right-justified in alphanumeric sequence before your application can be approved):

28. How are piece weights determined?

By weighing after the mailpiece is produced.

Using predetermined weight(s), explain how predetermined weights are calculated and how often they are updated in your system:

29. How often are the scales calibrated and certified?

Yearly

Other (*Describe*):

30. How are the rate matrices updated in your system?

Vendor Updates

Other (*Describe*):

31. Can you print rate matrices from your system?

Yes. Include copies with this application.

No. Explain how rate tables are obtained:

32. Which data elements require manual input to generate your manifest?

Package ID Number

Weight Address

Other (*Specify*):

33. Do you agree to allow reasonable access to mail preparation areas for USPS employees to observe mail preparation and verify mailing records?

Yes

No. Refer to *Express Mail Manifest Agreement*, Article 8.

34. Instead of providing a hard copy verification manifest at the time of mailing, will you furnish the manifest electronically and provide access to a terminal in your facility to view the manifest for verification against actual postage?

Yes

No, we will present only a hard copy manifest

35. Do you agree to perform the quality assurance procedures described in Chapter 4 of Publication 97, *Express Mail Manifesting Technical Guide*?

Yes

No (*Explain*):

Applicant

Please submit the following documentation with this application. These samples must be produced from the actual software and hardware that will be used:

Sample of verification manifest. (*Include print screens with this application only if you will also be furnishing terminal access to your system.*)

Sample Express Mail Service one-ply label

Rate matrix (*if applicable*)

Form 1357-S, *Customer Request for Computer Access*. This form is not required if you are currently participating in a Confirmation Services program and have already obtained a logon and password.

USPS Representative

Please fax this application, Form 1357-S (if required), and the contact list on the next page to Product Information Requirement, Product Development, USPS Headquarters at 202-268-7596, and to the USPS National Customer Support Center at 901-681-4440. Send the original Form 1357-S to:

PRODUCT INFORMATION REQUIREMENTS PRODUCT DEVELOPMENT
UNITED STATES POSTAL SERVICE
475 L'ENFANT PLZ SW RM 4200 NB
WASHINGTON DC 20260-4299

A logon ID and password cannot be issued until the original Form 1357-S is received. Submit this form to the Manager, Business Mail Entry, with the documentation listed in the *Applicant* section above.

Express Mail® Manifesting Application Contact List (Completed by USPS Representative)

Company Name

Address (No., street, ste. no., city, state, ZIP + 4)

D-U-N-S® Number

EMCA Number

Post Office of Mailing

Postmaster's Name

Address (No., street, ste. no., city, state, ZIP + 4)

Phone Number (Enter area code)

()

Email Address

Business Mail Entry Manager's District (District where mailings are deposited)

Manager's Name

Address (No., street, ste. no., city, state, ZIP + 4)

Phone Number (Enter area code)

()

Email Address

Expedited Service Specialist's District (District where mailings are deposited)

Expedited Service Specialist's Name

Address (No., street, ste. no., city, state, ZIP + 4)

Phone Number (Enter area code)

()

Email Address

Marketing Manager's Name

Address (No., street, ste. no., city, state, ZIP + 4)

Phone Number (Enter area code)

()

Email Address

USPS Sales Contact's Name

Address (No., street, ste. no., city, state, ZIP + 4)

Phone Number (Enter area code)

()

Email Address

Business Mailer Support

**EXPRESS MAIL MANIFESTING
BUSINESS MAILER SUPPORT
UNITED STATES POSTAL SERVICE
1735 N LYNN ST RM 4035
ARLINGTON VA 22209-8410**

JSOLTIS@EMAIL.USPS.GOV

This information is needed to ensure that all functional areas are notified when the customer has met the EMM technical requirements.