

**Postage Statement — Destination Entry Bound Printed Matter Flats**  
**Postage Affixed**

Post Office: Note Mail Arrival Time

For flats that do not claim destination entry rates, use Form 3605-BFP. For parcels, use Form 3605-BPP or Form 3605-DPP.

<b>Mailer Information</b>	Permit Holder's Name and Address, and Email Address If Any	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)
	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

<b>Mailing Information</b>	Post Office of Mailing	Processing Category <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Barcoded Flats (DMM C820)	Mailing Date	Statement Seq. No.	Number of Containers
	Permit No.		Weight of a Single Piece _____ pounds	Total Pieces	
	Packaging Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> Weight <input type="checkbox"/> Both		If Sacked, Based on <input type="checkbox"/> Piece Count <input type="checkbox"/> 20 lbs.	Total Weight	

For Barcoded Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____ / ____ / ____	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____ / ____ / ____
--	---

<b>Postage Computation (DMM P013)</b>	For DBMC Presorted Barcoded Flats	Total From Part F (On reverse)
	For DBMC Presorted Nonbarcoded Flats	Total From Part G (On reverse)
	For DBMC Carrier Route Flats	Total From Part H (On reverse)
	For DSCF Presorted Barcoded Flats	Total From Part I (On reverse)
	For DSCF Presorted Nonbarcoded Flats	Total From Part J (On reverse)
	For DSCF Carrier Route Flats	Total From Part K (On reverse)
	For DDU Presorted Flats	Total From Part L (On reverse)
	For DDU Carrier Route Flats	Total From Part M (On reverse)
	For Special Services and Other Fees	Total From Attached Form 3540-S
	<b>Total Postage (Add lines above) →</b>	

**Certification**

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent	Name of Mailer or Agent	Telephone
------------------------------	-------------------------	-----------

<b>USPS Use Only</b>	Weight of a Single Piece _____ pounds	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total Pieces	Total Weight	If "Yes," Reason	
	Total Postage			
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Round Stamp (Required)	
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
	Date Mailed	Contact	By (Initials)	
Verifying Employee's Signature	Verifying Employee's Name	Time	AM PM	

# Destination Entry Bound Printed Matter Flats — Postage Affixed

As described in DMM P013.9.0, compute and enter the rate for each piece in the "Rate" column. If eligible, include the \$.030 barcoded discount in rates.

		Rate	Number of Pieces	Total			Rate	Number of Pieces	Total
<b>F</b>	<b>DBMC Presorted — Barcoded Flats</b>				<b>I</b>	<b>DSCF Presorted — Barcoded Flats</b>			
	F1. Zone 1 & 2	_____ x _____	pcs. = \$ _____			I1. DSCF	_____ x _____	pcs. = \$ _____	
	F2. Zone 3	_____ x _____	pcs. = \$ _____						
	F3. Zone 4	_____ x _____	pcs. = \$ _____						
	F4. Zone 5	_____ x _____	pcs. = \$ _____						
<b>Total — Part F (Carry to front of form)</b>				\$ _____	<b>Total — Part I (Carry to front of form)</b>				\$ _____
<b>G</b>	<b>DBMC Presorted — Nonbarcoded Flats</b>				<b>J</b>	<b>DSCF Presorted — Nonbarcoded Flats</b>			
	G1. Zone 1 & 2	_____ x _____	pcs. = \$ _____			J1. DSCF	_____ x _____	pcs. = \$ _____	
	G2. Zone 3	_____ x _____	pcs. = \$ _____						
	G3. Zone 4	_____ x _____	pcs. = \$ _____						
	G4. Zone 5	_____ x _____	pcs. = \$ _____						
<b>Total — Part G (Carry to front of form)</b>				\$ _____	<b>Total — Part J (Carry to front of form)</b>				\$ _____
<b>H</b>	<b>DBMC Carrier Route — Flats</b>				<b>K</b>	<b>DSCF Carrier Route — Flats</b>			
	H1. Zone 1 & 2	_____ x _____	pcs. = \$ _____			K1. DSCF	_____ x _____	pcs. = \$ _____	
	H2. Zone 3	_____ x _____	pcs. = \$ _____						
	H3. Zone 4	_____ x _____	pcs. = \$ _____						
	H4. Zone 5	_____ x _____	pcs. = \$ _____						
<b>Total — Part H (Carry to front of form)</b>				\$ _____	<b>Total — Part K (Carry to front of form)</b>				\$ _____
<b>I</b>	<b>DDU Presorted — Flats</b>				<b>L</b>	<b>DDU Presorted — Flats</b>			
	I1. DDU	_____ x _____	pcs. = \$ _____			L1. DDU	_____ x _____	pcs. = \$ _____	
<b>Total — Part I (Carry to front of form)</b>				\$ _____	<b>Total — Part L (Carry to front of form)</b>				\$ _____
<b>J</b>	<b>DDU Carrier Route — Flats</b>				<b>M</b>	<b>DDU Carrier Route — Flats</b>			
	J1. DDU	_____ x _____	pcs. = \$ _____			M1. DDU	_____ x _____	pcs. = \$ _____	
<b>Total — Part J (Carry to front of form)</b>				\$ _____	<b>Total — Part M (Carry to front of form)</b>				\$ _____