United States Postal Service
Postage Statement — Destination Entry Bound Printed Matter Parcels Postage Affixed

| | Post Office: **Note Mail Arrival Time** |

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

Mailer Information

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. _____

Mailing Information

Post Office of Mailing	Processing Category *(DMM C050)* ☐ Irregular Parcels	Mailing Date	Statement Seq. No.	Number of Containers
Permit No.	☐ Machinable Parcels	Weight of a Single Piece ____ ____ . ____ ____ ____ ____ pounds	Total Pieces	
Packaging Based on ☐ Piece Count ☐ Weight ☐ Both		If Sacked, Based on ☐ Piece Count ☐ 20 lbs.	Total Weight	
	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding *(DMM A950.3.0)* ____ ____ / ____ ____ / ____ ____ ____ ____			

Postage Computation (DMM P013)

For DBMC Presorted Barcoded Machinable Parcels	Total From Part F *(On reverse)*	
For DBMC Presorted Nonbarcoded Parcels	Total From Part G *(On reverse)*	
For DBMC Carrier Route Parcels	Total From Part H *(On reverse)*	
For DSCF Presorted Nonbarcoded Parcels	Total From Part I *(On reverse)*	
For DSCF Carrier Route Parcels	Total From Part J *(On reverse)*	
For DDU Presorted Parcels	Total From Part K *(On reverse)*	
For DDU Carrier Route Parcels	Total From Part L *(On reverse)*	
For Special Services and Other Fees	Total From Attached Form 3540-S	
	Total Postage *(Add lines above)* →	

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

USPS Use Only

Weight of a Single Piece ____ ____ . ____ ____ ____ ____ pounds	Are figures at left adjusted from mailer's entries? ☐ Yes ☐ No	
Total Pieces	Total Weight	If "Yes," Reason
Total Postage		
Check One *(If applicable)* ☐ Presort Verification Not Scheduled ☐ 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 Mailer Notified / Contact / By *(Initials)*	
Verifying Employee's Signature	Verifying Employee's Name	Time AM PM

Destination Entry Bound Printed Matter Parcels — 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

F | **DBMC Presorted — Barcoded Machinable Parcels**

F1. Zone 1 & 2   _____ x _____ pcs. = $_____

F2. Zone 3   _____ x _____ pcs. = $_____

F3. Zone 4   _____ x _____ pcs. = $_____

F4. Zone 5   _____ x _____ pcs. = $_____

Total — Part F *(Carry to front of form)* $_____

G | **DBMC Presorted — Nonbarcoded Parcels**

G1. Zone 1 & 2   _____ x _____ pcs. = $_____

G2. Zone 3   _____ x _____ pcs. = $_____

G3. Zone 4   _____ x _____ pcs. = $_____

G4. Zone 5   _____ x _____ pcs. = $_____

Total — Part G *(Carry to front of form)* $_____

H | **DBMC Carrier Route — Parcels**

H1. Zone 1 & 2   _____ x _____ pcs. = $_____

H2. Zone 3   _____ x _____ pcs. = $_____

H3. Zone 4   _____ x _____ pcs. = $_____

H4. Zone 5   _____ x _____ pcs. = $_____

Total — Part H *(Carry to front of form)* $_____

I | **DSCF Presorted — Nonbarcoded Parcels**

I1. DSCF   _____ x _____ pcs. = $_____

Total — Part I *(Carry to front of form)* $_____

J | **DSCF Carrier Route — Parcels**

J1. DSCF   _____ x _____ pcs. = $_____

Total — Part J *(Carry to front of form)* $_____

K | **DDU Presorted — Parcels**

K1. DSCF   _____ x _____ pcs. = $_____

Total — Part K *(Carry to front of form)* $_____

L | **DDU Carrier Route — Parcels**

L1. DDU   _____ x _____ pcs. = $_____

Total — Part L *(Carry to front of form)* $_____