



Mailing List Application — Mail Transportation Services

In order for us to know the type of service and equipment you are interested in providing, please print or type the information requested below and return the form to the contracting officer at the Distribution Networks Office in the area where you currently reside. Upon receipt of the completed form, your name will be placed on our list of persons and companies interested in submitting bids or proposals to transport mail under contract with the United States Postal Service®.

I. Applicant Information

Last Name or Trade Name

First Name

Middle Name

Attention To:

Mailing Address

City

State

ZIP + 4®

County

Business Telephone

Residence Telephone

Social Security or Tax ID No.

Privacy Notice: Your information will be used to provide you requested products, services, or information. Collection is authorized by 39 USC 401, 403, & 404.

Providing the information is voluntary, but if not provided, we may not process your request. We do not disclose your information without your consent to third parties, except to facilitate the request, to act on your behalf or request, or as legally required. This includes 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; and to contractors and other entities aiding us to fulfill the service (service providers).

II. Type of Business Organization (Check applicable items only. See Purchasing Manual section 3.2.1.d for definitions.)

- Small Business Concern
- Woman-Owned Business
- Labor Surplus Area Concern
- Educational or Other Non-Profit Organization
- Minority-Owned Business (Check one if applicable)
 - Black American
 - Hispanic American
 - Native American
 - Asian-Pacific American
 - Asian-Indian American

