

Application or Update for a License to Lease and Use Postage Meters

(Prepare and submit original signed form to the post office where metered mail will be deposited)

<input type="checkbox"/> New Post Office Where Metered Mail Will be Deposited <i>(Complete items at right)</i> State _____ ZIP Code _____	<input type="checkbox"/> Update Finance Number <i>(As it appears on license certificate)</i> <i>(Complete items at right)</i> Existing License Number <i>(As it appears on license certificate)</i> _____
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A. Applicant

1. Company Name <i>(As it appears on license certificate for update)</i>	2. Applicant Telephone Number ()	3. Applicant FAX Number ()
4. Mailing Address <i>(No., street, suite no. or P.O. box no.)</i>	5. Physical Street Address <i>(No., Street, Suite No. - Only if different from item 4 - DO NOT show a post office box number)</i>	
6. City, State, ZIP + 4	7. City, State, ZIP + 4	
8. Applicant Business Tax Identification Number, Employer Identification Number, or Social Security Number	<input type="checkbox"/> Tax ID # <input type="checkbox"/> EIN <input type="checkbox"/> SSN <i>(Check one)</i> _____	
9. Corporate Business Agent <i>(If applicable)</i>		
10. Dun and Bradstreet Number	11. Federal Agency Code/Cost Code <i>(For US official penalty indicia license)</i> _____	

B. Business Profile

1. Company's Primary Business Function									
2. Anticipated Annual Metered Postage <i>(For all meters set or licensed at this licensing post office)</i> <input type="checkbox"/> \$1 - \$2,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$2,001 - \$25,000 <input type="checkbox"/> More than \$100,000	7. Does Your Business Currently Hold any Other USPS Meter Licenses at This or any Other Post Office? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES List License Number and Finance Number of Licensing Post Office. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">License Number</td> <td style="width:50%; border-bottom: 1px solid black;">Finance Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">License Number</td> <td style="border-bottom: 1px solid black;">Finance Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	License Number	Finance Number	_____	_____	License Number	Finance Number	_____	_____
License Number	Finance Number								
_____	_____								
License Number	Finance Number								
_____	_____								
3. Annual Percentage of Metered Mail (Must total 100%) Letters _____ % Flats _____ % Parcels _____ %									
4. Does Your Business Anticipate Mailing Metered Mail at Discounted Rates? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have You or Your Business Ever Had a Meter License Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide specific details <i>(Including dates and licensing post office.)</i>								
5. Does Your Business Have an Authorization to Use Permit Imprints at This or any Other Post Office? <input type="checkbox"/> Yes <input type="checkbox"/> No									
6. Does Your Business Prepare and/or Mail for Other <i>(Third)</i> Parties? <input type="checkbox"/> Yes <input type="checkbox"/> No									

C. Certification

This application must be signed and submitted to the US Postal Service by a corporate officer or a person within the business with the authority to sign checks. I hereby certify that all information furnished on this form is accurate and truthful.	Certifying Individual's Signature Printed Name and Title	Date Telephone Number ()
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D. Privacy Act Notice

The collection of this information is authorized by 39 USC 401 and 404. This information will be used to administer postage meter activities. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the US Postal Service is a party or has an interest; to a government agency in order to obtain information relevant to a Postal Service decision concerning employment, security clearances, contracts, licenses, grants, permits, or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants, or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the Postal Service to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of Postal Service finances; to a labor organization as required by the National Labor Relations Act; and to disclose to any member of the public the identity and address of user and identity of agent. Completion of this form is voluntary; however, if this information is not provided, you may not receive meter services.

Instructions

General Use this form for all new meter license applications and for updating information on existing licensees. A single application covers all meters to be licensed by the same post office.

New Enter the name and the location of the post office where your mail will be deposited.

Update Enter the information as it appears on your existing license, PS Form 3601-B

- A. Applicant**
1. Enter your company or business name.
 - 2-3. Self explanatory.
 4. Enter mailing address.
 5. Enter your physical address if it differs from that shown in item 4 or if the address in item 4 is a post office box.
 - 6-7. Self explanatory.
 8. Check one of these identifying numbers.
 9. Enter the name and address of the person who has the authority to manage your company financial affairs if circumstances so warrant.
 10. Self explanatory.
 11. Enter your Federal Agency code/cost code if you participate in the Postal Service's Official Mail Accounting System (OMAS).
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- B. Business Profile**
1. Enter a description of the goods and/or services you manufacture, distribute, or otherwise provide.
 2. Indicate the total anticipated amount of annual postage to be applied by the meters licensed at your licensing post office.
 3. Indicate the anticipated percent of metered postage to be applied to each of the mail categories shown in item 2.
 4. Indicate if you will be metering mail which qualifies for presorted/discounted rates.
 5. Indicate if you have been authorized by the Postal Service to mail material without affixing postage to each mail piece.
 6. Indicate if you prepare and/or mail on behalf of one or more third parties.
 7. Enter the information as it appears on your existing licenses, Forms 3601-B.
 8. If a license was revoked, at a minimum provide the license number, date of revocation, and name of licensing post office.
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C. Certification

The certifying official must be a corporate officer or a person who has express authority within the corporation/business to sign checks.

D. Submit Your Application

You have three options for submitting your completed application:

1. Submit it to your manufacturer's representative for electronic submission to the Postal Service;
2. Submit it to the post office where your metered mail will be entered; or,
3. Mail it directly to:

CENTRALIZED METER LICENSING SYSTEM
NATIONAL CUSTOMER SUPPORT CENTER
US POSTAL SERVICE
6060 PRIMACY PKY STE 210
MEMPHIS TN 38188-0001
