

# Mail Preparation Total Quality Management Program Registration Form

***Congratulations on your decision to participate in the Mail Preparation Total Quality Management Program. Please complete this form and send to:***

**MPTQM Program Manager  
Business Mailer Support  
475 L'Enfant Plaza SW Rm 2P846  
Washington, DC 20260-0846**

- I want to use the program for my internal operations only at this time
- I prepare and present mailings. I want to register for full program participation; to include USPS-sponsored audits

**Company Name** \_\_\_\_\_  
**Facility Manager (Title/ Name)** \_\_\_\_\_  
**MPTQM Contact Person (Title/ Name)** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

**Indicate class and volume of each applicable processing category below**

Class	Letters	Flats	Parcels
<b>First-Class</b>			
<b>Periodicals</b>			
<b>Standard Mail</b>			
<b>Package Services</b>			

**Location of mail acceptance**                       BMEU    DMU    Other

**Number of work shifts per day**                       One    Two    Three

- Type of Operation:**
- Presort Service Bureau
  - Other MLOCR operation
  - Print/Insert/Barcode Sorter (BCS)
  - Sorting performed from address lists
  - Consolidator
  - Other. Please describe: \_\_\_\_\_