

**Postage Statement — Destination Entry Bound Printed Matter Parcels
Permit Imprint**

Post Office: Note Mail Arrival Time

For parcels that do not claim destination entry rates, use Form 3605-BPR. For flats, use Form 3605-BFR or Form 3605-DFR.

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)
	CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____		Dun & Bradstreet No. _____		Dun & Bradstreet No. _____

Mailing Information	Post Office of Mailing	Processing Category (DMM C050) <input type="checkbox"/> Irregular Parcels <input type="checkbox"/> Machinable Parcels	Mailing Date	Federal Agency Cost Code	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	

Separation Method: All pieces must be separated by zone when presented for acceptance except when postage is reported under an MMS.

	For Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) ____ / ____ / ____
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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
Postmaster: Report total postage in AIC 131.		Total Postage (Add lines above) →

Certification	<p>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.</p> <p>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.</p> <p>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.</p>		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Total Pieces _____ Total Weight _____	If "Yes," Reason	
	Total Postage _____		
	Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		
	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 Notified	Contact
Verifying Employee's Signature	Verifying Employee's Name		Time AM PM

Round Stamp (Required)

