

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)			3a. Address to be Used for Delivery (Include PMB or # sign.) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">280 Madison Avenue #912</div>		
4. Applicant authorizes delivery to and in care of: a. Name <div style="text-align: center; font-weight: bold;">New York Executive Office Inc.</div> b. Address (No., street, apt./ste. no.) <div style="text-align: center; font-weight: bold;">280 Madison Avenue #912</div> c. City <div style="text-align: center; font-weight: bold;">New York</div> d. State <div style="text-align: center; font-weight: bold;">NY</div> e. ZIP + 4 <div style="text-align: center; font-weight: bold;">10016</div>			3b. City <div style="text-align: center; font-weight: bold;">New York</div> 3c. State <div style="text-align: center; font-weight: bold;">NY</div> 3d. ZIP + 4® <div style="text-align: center; font-weight: bold;">10016</div>		
6. Name of Applicant			5. This authorization is extended to include restricted delivery mail for the undersigned(s): 7a. Applicant Home Address (No., street, apt./ste. no) 7b. City 7c. State 7d. ZIP + 4 7e. Applicant Telephone Number (Include area code) 9. Name of Firm or Corporation 10a. Business Address (No., street, apt./ste. no) 10b. City 10c. State 10d. ZIP + 4 10e. Business Telephone Number (Include area code) 11. Type of Business		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. Leave Blank - Notary ONLY. a. b. Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.			12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)		
13. If a CORPORATION, Give Names and Addresses of Its Officers			14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.		
15. Signature of Agent/Notary Public			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Box 1: Date

Box 2: Your company name

Box 5: Fill in your name and anyone else's name who will be receiving mail.

Box 6: Fill in your name.

Box 7: Write your address and number.

Box 8 a and b: This box will be filled out when you bring it to a notary public. Have the notary public fill out what is the ID type and the ID number (ie: New York Drivers License and ID# 123456789)

Box 9: Fill in your company's name.

Box 10 a-e: Fill in your company's address and telephone number.

Box 11: Fill in the type of business.

Box 12: Fill out with each of the people name whose mail will be forwarded.

Box 13: Fill in the names of the officers of the company and their addresses.

Box 14: Fill out where the company was registered and the date it was registered.

Box 15: Signed by a notary public. Notary public needs to fill out section 8 as well.

Box 16: Your signature, to be signed in front of a notary.

The below space is reserved for the Notary Public for any stamps or seals and notarial wording:

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for 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; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

This form must either be completed at our office or with a notary public.

Before visiting a notary public, we **STRONGLY RECOMMEND** that you send us a scan of a draft copy of the form first for us to review. This will save you the time and expense of having to visit the notary public more than once.

Please note:

8. Do NOT fill in yourself. Only the Notary Public can write in the identifying details of your identification. The Notary Public must enter the kind of ID (such as Driver License and issuing state, province, or country of issue) and the ID number (such as your actual Driver License number).

9. ANY kind of company, including Limited Liability Company or Partnership must enter their name.

11. Except for personal accounts, enter a short description of your business, such as "software consultant."

13. If your Company is NOT a Corporation, enter your members or partners names and addresses.

14. If your business name was registered outside of the United States, include the country of registration. If you are not sure of the exact date, please try to enter the month and year of registration, or at least the year.

15. Do NOT sign here. This section is reserved for the Notary Public.

16. Do NOT sign UNTIL the Notary Public has instructed your to. If your company is a Limited Liability Company of Partnership, you must show your title.