

ESCAPEES MAIL SERVICE RATES

Category A
Receives all classes of mail

Annual fee.....	\$110
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee.....	\$35
Category A Total	\$210

Category B
Requests special class of mail

Annual fee.....	\$130
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee.....	\$35
Category B Total.....	\$230

Category C
Requests special mail sorting please call for more information

Annual fee.....	\$150
Postage deposit.....	\$50
Enrollment fee.....	\$15
Cancellation fee.....	\$35
Category C Total.....	\$250

Package & Certified Fees:

Certified.....	\$.75
Packages.....	\$1.00
Oversized packages (any side > 30").....	\$5.00

Package Storage Fees:

After 30 days.....	\$5.00
Per 30 days after 60 days.....	\$10.00

BUSINESS RATES AVAILABLE UPON REQUEST: *If you have a business and would like to receive your business mail through Escapees Mail Service, you **MUST** call for approval. If you will be receiving final mail for a closed business, please include the business name. If you are going to receive mail addressed to a business name or someone other than yourself or spouse, you must call in for prior approval. You must complete a separate 1583 for each business.

List all names, middle names, former names, maiden names, nicknames, initials, and business names* that might appear on your mail

With proper documentation, also please list, POA, Deceased, Trust etc.


You must be a member of Escapees RV Club to join the Escapees Mail Service. You cannot join the Escapees Mail Service at the Florida or South Dakota locations. Please contact Escapees Mail Service at 936-327-8873 or mailservice@escapeesmailservice.com.

SPECIAL NOTE: Category "A" must receive all mail.

Category "B" and "C" members only: Check the classes of mail you want forwarded:

- | | | | |
|---|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> First-class only | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Advertisements |
| <input type="checkbox"/> Catalogs | <input type="checkbox"/> Magazines | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Travel Guide/Directories |

Note: We will continue our policy of forwarding third-class mail that appears to be important, all other mail will be discarded.



Scanning Service Option (First class envelopes only):
If you are interested in mail scanning please call for additional information.
\$10 monthly or \$100 yearly option - \$.50 per page for scanning content of envelope.

We are unable to accept or forward the following items:
• Perishables • Refrigerated • Hazardous • Liquids • Alcohol • Ammunition • Firearms • Tobacco

Member name(s): _____

SKP#: _____

Phone #: _____

PMB: _____

Email: _____

Date processed: _____

YOU MUST CONTACT US TO START YOUR MAIL SCHEDULE

Internal Use Only

Terms & Conditions

1. This Agreement is made and entered into between Nomad Mail Co. (DBA Escapes Mail Service) and the Member under the terms set forth herein.
2. Each individual or entity must complete a separate U.S. Postal Service Form 1583 to be authorized to receive mail or packages at Escapes Mail Service. Photocopies of the identification must be included.
3. This Agreement, Form 1583 and your address shall remain confidential; however, this information may be disclosed upon request of any law enforcement or other governmental agency, or when legally mandated.
4. Member agrees to complete all necessary documents, including Form 1583 and any required acknowledge form relating to service of process. Member further agrees to submit a notarized, updated version of Form 1583, upon request, if any information contained therein changes or expires.
5. Member agrees to keep a minimum of \$25 in their postage account. If the account has a negative balance, Escapes Mail Service may suspend service until account is brought current and/or terminate service at its sole discretion.
6. Upon expiration, cancellation, or termination of this Agreement, Escapes Mail Service will:
 - a. Forward Member's first-class mail for six (6) months, provided Member pays the postage in advance and supplies a forwarding address. Post Office will not accept a change of address order.
 - b. Discard or destroy any "Unsolicited Mail," e.g., bulk mail, catalogs, etc., delivered to Escapes Mail Service.
 - c. If a member fails or refuses to provide a forwarding address, then his or her mail may be held for up to six months and then returned to sender.
7. Six (6) months after the expiration, cancellation, or termination of this Agreement, Escapes Mail Service will refund any unused postage. Escapes Mail Service will return to sender any first-class mail or packages addressed and delivered to the Escapes Mail Service.
8. Member agrees that all other fees are non-refundable.
9. All Escapes Mail Service accounts with multiple owners are held as joint tenants with rights of survivorship.
10. Member agrees that items remaining after 6 months (or 30 days after notice is sent by Escapes Mail Service to Member to remove such items) shall be considered abandoned. Member agrees that Escapes Mail Service at its sole discretion may dispose of any items not picked up or mailed after such time, without any compensation or obligation to Member whatsoever. Member releases Escapes Mail Service from any claims or damages whatsoever from such disposition. Further, Escapes Mail Service may reject, or if accepted, advise Member to remove heavy, oversized, unwieldy or large items, and Member shall do so within 30 days of such notice or be charged a storage fee determined by Escapes Mail Service .
11. The Postal or Escapes Mail Service may return mail without a proper address, endorsed "Undeliverable as Addressed."
12. A PMB may not be used for, or in connection with, a scheme or enterprise that violates any federal, state, or local law.
 See www.federalregister.gov/d/2023-10536/p-35.
13. THESE TERMS AND CONDITIONS ARE CHANGEABLE AT ANY TIME AT THE SOLE DISCRETION OF ESCAPEES MAIL SERVICE.

Disclaimer and Waiver of Damages: Escapes Mail Service shall have no liability for damages, direct, indirect, consequential or otherwise to any person, authorized agent, organization, or institution as a result of the use of this service, and Member waives and releases all such claims for damages. Notwithstanding such, Member agrees that Escapes Mail Service's maximum liability, if any shall not exceed \$25, irrespective of any claim or category, including attorney's fees. THIS AGREEMENT IS GOVERNED BY TEXAS LAW AND EXCLUSIVE JURISDICTION AND VENUE RELATING IN ANY WAY TO THIS AGREEMENT, INCLUDING DISPUTES, SHALL LIE SOLELY IN SAN ANTONIO, BEXAR COUNTY, TEXAS.

Acknowledgement: I have read and agree to the terms and conditions of this contract.

Signature of Owner

Date

Signature of Owner

Date

EMERGENCY RECORD INFORMATION SHEET In Case Of Emergency, Please Notify: (Do Not List Account Holders)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event of member's death or incapacity, I authorize the following person as my authorized agent for purposes of this agreement; however, legal documentation if provided will supersede this.

Name: _____ Phone: _____ Relationship: _____

Escapes Mail Service will release your location to law enforcement personnel with proper documentation.

I authorize Escapes Mail Service to charge my credit card for the amount indicated below. **(Prices subject to change.)**

Category A—\$210 **Category B**—\$230 **Category C**—\$250 **Scanning Service**— \$10 Monthly, \$100 Yearly

Method of payment: Check #: _____ Credit Card:   

Card #

Exp. Date

Signature As it Appears on Credit Card



ESCAPEES MAIL SERVICE HOME: SOUTH DAKOTA AGREEMENT

____ I elect to use Escapees Mail Service HOME as an additional (optional) Escapees Mail Service benefit.

____ I understand that my mailing address will be:
101 Rainbow Dr, # _____
Livingston, TX 77399

____ But that I may use the following address as my physical address for state-specific documents such as driver license and vehicle registrations:
316 Villa Drive # _____
Box Elder, SD 57719

____ I understand that when any mail comes directly to South Dakota, my mail will be forwarded to Escapees Mail Service in Livingston, TX for processing according to my instructions.

____ I understand that use of the South Dakota address does not require an additional mailbox rental fee, but that I will pay \$1 for each piece of mail that is forwarded.

____ I agree that this agreement shall serve as a written modification to the Escapees Mail Service Agreement. I agree to abide by all of the terms of the Escapees Mail Service Agreement and with the terms contained in this agreement. I agree that if one of the terms of the Escapees Mail Service Agreement, or this agreement, is found to be void or invalid, the void or invalid term shall not impair the rest of the terms of either agreement.

____ I understand that I should not have packages delivered to this address. I also, understand that this address is for state-specific mail and domicile-related mail. Packages sent to this address will incur additional postage and handling costs.

____ I understand that I cannot pick up mail at this location.



Packages or items received that are overweight or oversized will be returned to sender.

Escapees Mail Service Member Signature

Escapees Mail Service Member Signature

Date

Date

ESCAPEES MAIL SERVICE

100 Rainbow Drive, Livingston, Texas 77399 • 936-327-8873 • Fax 936-327-4388 • www.escapeesmailservice.com

Thank you for applying to Escapes Mail Service!

The Escapes Mail Service is a licensed commercial mail receiving agency (CMRA) and must abide by U.S. Postal Service regulations.

In order to be issued an address with Escapes Mail Service, postal regulations require that we have a completed Postal Service form 1583 for each person and/or business for whom we are receiving mail.

Each form must have a notarized signature of the person making application, plus photocopies of two forms of identification, see 1583 for acceptable forms of identification. If you are applying for the mail service while at Escapes Mail Service in Livingston, Texas, a notary is not required.

Once Escapes Mail Service has issued your unique address that includes your PMB number (personal mail box number), you can then submit a change of address with the [United States Postal Service](#) (USPS).

We have attached Postal Forms 1583, along with instructions. Please return them promptly, along with the mail service agreement, so we may issue your unique address. If you have any questions, please call 936-327-8873.

Thank you.
Escapes Mail Service

INSTRUCTIONS FOR COMPLETING POSTAL FORM #1583

THIS IS NOT AN ADDRESS CHANGE FORM

The following numbers correspond to the numbered items on the form 1583.

Box 1	Internal Use Only
Box 2	Internal Use Only
Box 3	Select Business/Organization Use (See Footnote 2) or Residential/Personal Use (See Footnote 3)
Box 4	EACH APPLICANT (INCLUDING SPOUSES) MUST COMPLETE A SEPARATE 1583 Name of applicant. Name must match ID in Box 8e Address of applicant (See Footnotes 1 & 4) Address must match ID in Box 9g Is applicant a court-ordered protected individual? If yes, attach copy of the court order.
Box 5	DO NOT LIST APPLICANT INFORMATION IN THIS SECTION (See footnote 5) Authorized individual (a person who is authorized to pick up mail for the pmb holder/applicant) Authorized individual must also complete sections 10 & 11 Complete all fields/boxes
Box 6	Internal Use Only
Box 7	Applicant Business Name and address (See Footnote 1) Separate 1583 form for each business Complete all field/boxes Place of registration (See Footnote 8)
Box 8	Photo ID for applicant (See Footnote 9) 8e photo ID type (See Footnote 10)
Box 9	Address ID for applicant (See Footnote 11) CAN'T BE THE SAME AS ID IN BOX 8 Address must match ID in Box 9g 9g Address ID type (See Footnote 10)
Box 10	Section 10 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 9 & 12)
Box 11	Section 11 should only be completed if you have an Authorized individual listed in Box 5. (See Footnotes 11 & 1)
Box 12	List names of minor children receiving mail (See Footnote 13)
Box 13	DO NOT SIGN UNTIL YOU APPEAR BEFORE A NOTARY OR YOU ARE APPLYING IN PERSON AT ESCAPEES MAIL SERVICE IN LIVINGSTON, TEXAS
Box 14	Escapees employee will sign here.
Page 2	Notary will sign here.



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information 1a. Date PMB Opened Internal Use Only		1b. Date PMB Closed Internal Use Only		8. Photo ID Information for Applicant⁹ 8a. Applicant's Name <small>Footnote 9 - Two types of identification are required for the Applicant. One ID must be a government-issued photo ID. The second must confirm the Applicant's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.</small>		8b. Applicant's ID Number	
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information 2a. Street Address to be Used for Delivery ¹ 101 Rainbow Dr.				2b. PMB # Internal Use Only		8c. Issuing Entity	
2c. City Livingston		2d. State TX	2e. ZIP + 4 [®] 77399		8e. Photo ID type (check one) See Footnote 10 <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Matricula Consular <input type="checkbox"/> NEXUS Card <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Permanent Resident Card		<small>You can't use your Driver License as a Photo ID and as the Address ID. It can only be used as one form of ID.</small>
3. Type of Service Requested <input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³ <small>Footnote 3-For Residential/Personal use. Complete a separate PS Form 1583 for each adult using this PMB.</small>				9. Address ID Information for Applicant¹¹ 9a. Applicant's Name Same as #4 <small>Footnote 11 - The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.</small>			
4. Name of Applicant 4a. Last Name MUST MATCH NAME ON I.D. (Box 8e) Each Applicant (Including spouses) must complete a separate 1583		4b. First Name		4c. Middle Initial		9b. Applicant's Street Home Address ¹ MUST MATCH ADDRESS ON I.D. (BOX 9G) <small>Footnote 1 - Include house number, street, and apartment/suite number if applicable.</small>	
4d. Telephone Number (include area code)		4e. Email Address		9c. City		9d. State	9e. ZIP + 4
4f. Applicant's Street Home Address ^{1,4} MUST MATCH ADDRESS ON I.D. (Box 9g) <small>Footnotes 1. Include house number, street, and apartment/suite number if applicable. 4. Address must match document provided in item 9b.</small>				9g. Address ID type (check one) — Must Contain the Address in 9b-9f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card See Footnote 10		9f. Country	
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "Yes", you must attach a copy of the court order.</small>				<small>You can't use your Driver License as a Photo ID and as the Address ID. It can only be used as one form of ID.</small>			
5. Authorized Individual⁵ 5a. Last Name <small>Footnote 5. The Applicant authorizes mail to be collected by the individual noted in item 5.</small>		5b. First Name		5c. Middle Initial		10. Photo ID Information for Authorized Individual (if applicable)⁹ 10a. Authorized Individual's Name <small>Footnote 9 - Two types of identification are required for the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.</small>	
5d. Telephone Number (include area code)		5e. Email Address		10c. Issuing Entity		10b. Authorized Individual's ID Number	
5f. Authorized Individual's Street Home Address ^{1,6}				10e. Photo ID type (check one) See Footnote 12 <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Matricula Consular <input type="checkbox"/> NEXUS Card <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Permanent Resident Card			
5g. City		5h. State	5i. ZIP + 4	5j. Country		11. Address ID Information for Authorized Individual (if applicable)¹¹ 11a. Authorized Individual's Name <small>Footnote 11 - The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.</small>	
6. If Transferring PMB Mail to Another Address⁷ 6a. Street Address Mail Is Transferred To ¹ Internal Use Only				11b. Authorized Individual's Street Home Address ¹ <small>Footnote 1 - Include house number, street, and apartment/suite number if applicable.</small>			
6b. City		6c. State	6d. ZIP + 4	6e. Country		11c. City	
6f. Telephone Number (include area code)		6g. Email Address		11d. State	11e. ZIP + 4	11f. Country	
7. Business/Organization Information 7a. Name of Business/Organization If you have a business you must complete a separate 1583.				7b. Type of Business		11g. Address ID type (check one) — Must Contain the Address in 11b-11f <input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card See Footnote 12	
7c. Business Street Address ¹ <small>Footnote 1 Include house number, street and apartment/suite number if applicable.</small>				12. Exceptions for Additional Recipients of Mail¹³ See Footnote 13 List names of minors receiving mail.			
7d. City		7e. State	7f. ZIP + 4	7g. Country		13a. Signature of Applicant¹⁴ See Footnote 14 <small>Sign here in the presence of a notary or agent (Escapes Mail Service)</small>	
7h. Telephone Number (include area code)		7i. Place of Registration ⁸ <small>Footnote 8 The place of registration is the county and state if domestic or the country if foreign.</small>		14a. Signature of CMRA or Authorized Employee¹⁵ Escapes employee signs here See Footnote 15		13b. Date	
						14b. Date	



Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁸	
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information		9. Address ID Information for Applicant¹¹	
2a. Street Address to be Used for Delivery ¹		9a. Applicant's Name	
2b. PMB #		9b. Applicant's Street Home Address ¹	
2c. City	2d. State	2e. ZIP + 4 [®]	
316 Villa Dr	SD	57719	
3. Type of Service Requested		8e. Photo ID type (check one)	
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card	
4. Name of Applicant		9. Address ID Information for Applicant¹¹	
4a. Last Name	4b. First Name	9a. Applicant's Name	
4c. Middle Initial		9b. Applicant's Street Home Address ¹	
4d. Telephone Number (include area code)	4e. Email Address		
4f. Applicant's Street Home Address ^{1,4}		9c. City	9d. State
		9e. ZIP + 4	9f. Country
4g. City	4h. State	4i. ZIP + 4	4j. Country
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.			
5. Authorized Individual⁵		10. Photo ID Information for Authorized Individual (if applicable)⁹	
5a. Last Name	5b. First Name	10a. Authorized Individual's Name	10b. Authorized Individual's ID Number
5c. Middle Initial	10b. Expiration Date on the ID		
5d. Telephone Number (include area code)	5e. Email Address		
5f. Authorized Individual's Street Home Address ^{1,6}		10c. Issuing Entity	
5g. City	5h. State	5i. ZIP + 4	
		5j. Country	
6. If Transferring PMB Mail to Another Address⁷		11. Address ID Information for Authorized Individual (if applicable)¹¹	
6a. Street Address Mail Is Transferred To ¹		11a. Authorized Individual's Name	
6b. City	6c. State	6d. ZIP + 4	
		6e. Country	
6f. Telephone Number (include area code)	6g. Email Address		
6f. Telephone Number (include area code)		11c. City	11d. State
		11e. ZIP + 4	11f. Country
7. Business/Organization Information		11g. Address ID type (check one) — Must Contain the Address in 11b-11f	
7a. Name of Business/Organization		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card	
7b. Type of Business		12. Exceptions for Additional Recipients of Mail¹³	
7c. Business Street Address ¹		13a. Signature of Applicant¹⁴	
7d. City	7e. State	7f. ZIP + 4	
		7g. Country	
7h. Telephone Number (include area code)	7i. Place of Registration ⁸		
		14a. Signature of CMRA or Authorized Employee¹⁵	
		14b. Date	

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). **Authorized employee:** An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant 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 applicant 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) 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 applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

<p>Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the application, appeared before me, and acknowledged their signature.</p> <p><i>Signature of Notary Public</i> _____ <i>My commission expires:</i> _____, 20_____</p>	<p>Official Seal:</p>
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1. Private Mailbox (PMB) Information		8. Photo ID Information for Applicant⁸				
1a. Date PMB Opened	1b. Date PMB Closed	8a. Applicant's Name	8b. Applicant's ID Number			
2. Commercial Mail Receiving Agency (CMRA) Place of Business Information		9. Address ID Information for Applicant¹¹				
2a. Street Address to be Used for Delivery ¹		2b. PMB #	8c. Issuing Entity			
101 Rainbow Dr.			8d. Expiration Date on the ID			
2c. City	2d. State	2e. ZIP + 4 [®]	8e. Photo ID type (check one)			
Livingston	TX	77399	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card			
3. Type of Service Requested			9. Address ID Information for Applicant¹¹			
<input type="checkbox"/> Business/Organization Use ² <input type="checkbox"/> Residential/Personal Use ³			9a. Applicant's Name			
4. Name of Applicant		9. Address ID Information for Applicant¹¹				
4a. Last Name	4b. First Name	4c. Middle Initial	9a. Applicant's Name			
4d. Telephone Number (include area code)		4e. Email Address		9b. Applicant's Street Home Address ¹		
4f. Applicant's Street Home Address ^{1,4}				9c. City	9d. State	
4g. City				9e. ZIP + 4	9f. Country	
4h. State	4i. ZIP + 4	4j. Country	9g. Address ID type (check one) — Must Contain the Address in 9b-9f			
4k. Is applicant a court-ordered protected individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", you must attach a copy of the court order.			<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card			
5. Authorized Individual⁵		10. Photo ID Information for Authorized Individual (if applicable)⁹				
5a. Last Name	5b. First Name	5c. Middle Initial	10a. Authorized Individual's Name	10b. Authorized Individual's ID Number		
5d. Telephone Number (include area code)		5e. Email Address		10c. Issuing Entity		
5f. Authorized Individual's Street Home Address ^{1,6}		10e. Photo ID type (check one)		10b. Expiration Date on the ID		
5g. City		5h. State	5i. ZIP + 4	<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹² <input type="checkbox"/> Uniformed Service ID <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> U.S. Access Card <input type="checkbox"/> Matricula Consular <input type="checkbox"/> U.S. Permanent Resident Card <input type="checkbox"/> U.S. University ID Card <input type="checkbox"/> NEXUS Card		
6. If Transferring PMB Mail to Another Address⁷			11. Address ID Information for Authorized Individual (if applicable)¹¹			
6a. Street Address Mail Is Transferred To ¹			11a. Authorized Individual's Name			
6b. City			11b. Authorized Individual's Street Home Address ¹			
6c. State			6d. ZIP + 4	6e. Country		
6f. Telephone Number (include area code)			6g. Email Address		11c. City	
6h. State			11d. State	11e. ZIP + 4	11f. Country	
7. Business/Organization Information			11g. Address ID type (check one) — Must Contain the Address in 11b-11f			
7a. Name of Business/Organization		7b. Type of Business		<input type="checkbox"/> U.S. State/Territory/Tribal Driver's or Nondriver's ID Card ¹⁰ <input type="checkbox"/> Current Lease <input type="checkbox"/> Home or Vehicle Insurance Policy <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Vehicle Registration Card <input type="checkbox"/> Voter Card		
7c. Business Street Address ¹			12. Exceptions for Additional Recipients of Mail¹³			
7d. City		7e. State	7f. ZIP + 4	7g. Country		
7h. Telephone Number (include area code)		7i. Place of Registration ⁸		13a. Signature of Applicant¹⁴		
				13b. Date		
				14a. Signature of CMRA or Authorized Employee¹⁵		
				14b. Date		

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for both the Applicant's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for both the Authorized Individual's photo ID and address ID, <i>it may be used for only one of the IDs (either photo ID or address ID)</i> , not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The agent or an authorized employee may sign item 14a. If the Notary Public box at the bottom of page 2 has a seal, the Notary Public completes the box.

Definitions:

Agent: The Commercial Mail Receiving Agency (CMRA). **Authorized employee:** An employee of the CMRA who is authorized to act on the CMRA's behalf.

Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant 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 applicant 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) 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 applicant must file an updated application with the agent.

NOTE: The applicant must sign or confirm their signature in the physical or virtual presence (in real-time audio and video) of the Agent or the Agent's authorized employee or acknowledge their signature in the physical or virtual presence (in real-time audio and video) of a notary public commissioned in a United States state, territory, possession, or the District of Columbia. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant 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 items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit www.usps.com/privacypolicy.

<p>Notary Public in and for the STATE OF _____,</p> <p>COUNTY OF _____. On this _____ day of _____, 20____,</p> <p>the applicant, _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the application, appeared before me, and acknowledged their signature.</p> <p><i>Signature of Notary Public</i> _____ <i>My commission expires:</i> _____, 20_____</p>	<p>Official Seal:</p>
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