



# PACT Application for Business/Regulatory Purpose Exception

Eligibility Number: \_\_\_\_\_ (USPS entry only - issued by PCSC upon approval of application.)

**Business/Regulatory Purposes:** The Prevent All Cigarette Trafficking (PACT) Act provides that cigarettes (including roll-your-own tobacco) and smokeless tobacco may be mailed between federal and state government agencies and/or legally operating businesses that have all applicable state and federal government licenses or permits and are engaged in tobacco product import, export, wholesale, distribution, testing, investigation, research or manufacture. Such mailings are subject to the conditions of *Mailing Standards of the United States Postal Service, Domestic Mail Manual (DMM®)*, sections 601.11.5.1 to 601.11.5.3.

## Section A. Application — Sender Information for Business Entities

Answer the following questions. Please use additional sheets if necessary.

1. All names of or used by organization:  
\_\_\_\_\_
2. Street address(es) of organization:  
\_\_\_\_\_
- 2a. Mailing address (if different from street address):  
\_\_\_\_\_
3. City, State, ZIP Code:  
\_\_\_\_\_
4. Information about agent/employee completing the application:
  - a. Name and title:  
\_\_\_\_\_
  - b. Telephone number (include area code):  
\_\_\_\_\_
  - c. E-mail address:  
\_\_\_\_\_
  - d. Name and title of alternate contact person:  
\_\_\_\_\_
  - e. Telephone number (include area code):  
\_\_\_\_\_
  - f. E-mail address:  
\_\_\_\_\_
5. Applicant business information:
  - a. Describe nature of business activities (e.g., import, export, wholesale, distribution, testing, investigation, research, manufacture).  
\_\_\_\_\_
  - b. List all applicable state and federal licenses or permits that authorize the entity covered by this application to engage in the applicable business. Attach copies of all supporting documentation.  
\_\_\_\_\_
  - c. Provide citations to regulations, statutes, or other legal authority under which the entity covered by this application operates.  
\_\_\_\_\_
6. Recipient information:
  - a. Provide name and address of each business or government entity to which cigarettes or smokeless tobacco will be mailed (addressees) in the form that such information will appear on any package mailed under this application.  
\_\_\_\_\_
  - b. For each business entity listed in 6a, describe the nature of that entity's business activities (e.g., import, export, wholesale, distribution, testing, investigation, research, manufacture).  
\_\_\_\_\_
  - c. For each business entity listed in 6a, provide information and furnish copies of all recipients' legal status (applicable licenses). Attach copies of all supporting documentation.  
\_\_\_\_\_
  - d. For each business entity listed in 6a, provide citations to regulations, statutes, or other legal authority under which the entity operates.  
\_\_\_\_\_

7. Specify all Post Office locations (City, State, ZIP Code) where cigarettes and smokeless tobacco products will be presented.

I certify that I have authority to bind the entity covered by this application and that the statements made by me are true and complete and that I am fully authorized to make all necessary representations on behalf of the organization that is the subject of this application. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

Applicant agrees to update any information in this application and abide by all Postal Service regulations.

Signature of Applicant:

Title:

Date (MM/DD/YYYY):

### Section B. Instructions and General Information

- All information entered must be legible so that our records show the correct information about your organization.
- The complete names of the organization must be shown in item 1. The names shown must agree with the names that appear on all documents submitted to support this application.
- A complete address representing a physical location for the organization must be shown in item 2. If you receive mail through a Post Office box, list your street address first in item 2 and use alternate address for the PO Box in item 2a.
- Review the application for completeness.
- Send the application and all supporting documentation to the address below for Pricing and Classification Service Center (PCSC). For further information or questions, contact PCSC at 212-330-5300.

MANAGER – PACT MAILING OFFICE  
USPS – PRICING AND CLASSIFICATION SERVICE CENTER  
90 CHURCH STREET, STE 3100  
NEW YORK NY 10007-2951

**Note:** Failure to provide complete and accurate information may result in delays in processing or rejection of application.

### Section C. For USPS Use Only

Date Received by PCSC (MM/DD/YYYY):

PCSC Reviewer's Initials:

Approved \_\_\_\_\_

Date (MM/DD/YYYY):

USPS Eligibility Number Assigned:

Denied \_\_\_\_\_

Date (MM/DD/YYYY):

Reason:

**Privacy Notice:** See our Policy on [www.usps.com](http://www.usps.com).