### Application for Delivery of Mail Through Agent

**1. Private Mailbox (PMB) Information**
- Date PMB Opened
- Date PMB Closed

**2. Commercial Mail Receiving Agency (CMRA) Place of Business Information**
- Street Address to be Used for Delivery
- PMB #

**3. Type of Service Requested**
- U.S. Access Card
- Matricula Consular
- U.S. Permanent Resident Card
- Business/Organization Use
- Residential/Personal Use
- U.S. University ID Card
- NEXUS Card

**4. Name of Applicant**
- Last Name
- First Name
- Middle Initial

**5. Authorized Individual**
- Last Name
- First Name
- Middle Initial

**6. If Transferring PMB Mail to Another Address**
- Street Address Mail Is Transferred To

**7. Business/Organization Information**
- Name of Business/Organization
- Type of Business

**8. Photo ID Information for Applicant**
- Issuing Entity
- Expiration Date on the ID

**9. Address ID Information for Applicant**
- Applicant's Street Home Address

**10. Photo ID Information for Authorized Individual (if applicable)**
- Issuing Entity
- Expiration Date on the ID

**11. Address ID Information for Authorized Individual (if applicable)**
- Authorized Individual's Street Home Address

**12. Exceptions for Additional Recipients of Mail**

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Direct questions to: Retail, Chief Retail and Delivery Officer at CMRAprogram@usps.gov.

This form is on the Internet at www.usps.com.
Service to confirm that the applicant resides or conducts business

This application may be subject to verification procedures by 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. The applicant must execute this form in the presence of the agent, and if listed, the Authorized Individual. One ID must be a government-issued photo ID. The agent must complete items 2–11. The address must match the document provided in item 9. The acceptance types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.

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.

The witness can be the agent, an authorized employee, or a Notary Public.

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 agent or the applicant 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 agent 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 execute this form in the presence of the agent, his or her authorized employee, or a notary public. 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 agent 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.

Witness my signature and official seal. Notary Public in and for the STATE OF ___________________________.

COUNTY OF ___________________. On this ______ day of ________________________, 20______, the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.

Signature of Notary Public

My commission expires: ___________________________.

Official Seal:

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