

Instructions

1. You must prepare mailings of the publication in accordance with Postal Service™ standards in the *Domestic Mail Manual* (DMM®). These standards are available at your local Post Office™ and on the Internet at <http://pe.usps.com>. The legal price of postage must be paid on all mailings. Failure to pay this price at the time of mailing does not relieve payment of any deficient postage at a later date.
2. Complete all applicable items in Part A and Part B. Note: If change in frequency is requested, complete item 7a to show the exact new frequency of issuance.
3. Applications for special postage prices must include evidence to establish the organization's eligibility, to demonstrate compliance with DMM 207.10 and to show that it meets one of the qualifying categories defined in DMM 207.10. No fee is charged if application is **ONLY** for special prices.
4. Your application must be accompanied by two copies of your publication showing the identification statement as revised to correspond to the change(s) requested.
5. Complete Part C and submit a copy of this form and the applicable fee to the Post Office serving your known office of publication or new known office of publication.

Part A. General

1. Full Title of Publication (*Show current authorized title, even if title is being changed*)

2. Publication Number USPS® _____ ISSN _____	3. No. of Issues per Year	4. Frequency of Issuance (<i>Current</i>)
5. Post Office serving known or new known office of publication, state, and ZIP+4® <p style="text-align: center;">TO: POSTMASTER</p>		6. Publisher's Name and Address of Known Office of Publication (<i>street, apt./ste. no., city, state, and ZIP+4</i>) (<i>must be within the delivery limits of the original entry office</i>)

Part B. Reentry Application

7. I am applying for reentry. I request the following changes to the conditions of entry for the above publication.

a. Change Frequency to: (<i>See note to item 2 under "Instructions" above</i>)	b. Change Number of Issues per Year to:															
c. Change Title to:	d. Publisher's Address if Changed From the Authorized Known Office of Publication in Item 6 (<i>street, apt./ste. no., city, state, and ZIP+4</i>) (<i>must be within the delivery limits of the new original entry office</i>)															
e. Change Category of Authorization to: (<i>See DMM 207.6 — you must also submit PS Form 3500 with evidence of qualification</i>) <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> DMM 207.6.1 General Publications</td> <td><input type="checkbox"/> DMM 207.6.3 Publications Issued by State Departments of Agriculture</td> </tr> <tr> <td><input type="checkbox"/> DMM 207.6.2 Publications of Institutions and Societies With:</td> <td><input type="checkbox"/> DMM 207.6.4 Requester Publications</td> </tr> <tr> <td> <input type="checkbox"/> General Advertising</td> <td><input type="checkbox"/> DMM 207.6.6 Foreign Publications</td> </tr> <tr> <td> <input type="checkbox"/> Publisher's Advertising Only</td> <td></td> </tr> </table>		<input type="checkbox"/> DMM 207.6.1 General Publications	<input type="checkbox"/> DMM 207.6.3 Publications Issued by State Departments of Agriculture	<input type="checkbox"/> DMM 207.6.2 Publications of Institutions and Societies With:	<input type="checkbox"/> DMM 207.6.4 Requester Publications	<input type="checkbox"/> General Advertising	<input type="checkbox"/> DMM 207.6.6 Foreign Publications	<input type="checkbox"/> Publisher's Advertising Only								
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g. Requested Effective Date																

Part C. Applicant Signature

8. Applicant's Name (print)	9. Applicant's Title (print)	10. Date
11. Applicant's Signature (print)	12. Applicant's E-mail (print)	13. Telephone Number (<i>Include area code</i>)

Part D. Postmaster

- A. Review the application and identification statement for accuracy and completeness; collect the applicable fee(s). (Do not collect a fee if application is **only** for special Periodicals prices.)
- B. Sign and date the form. Use the comments block to note any additional information necessary for review of this application. Be sure to include a telephone number where you can be reached if there are questions about the application. Provide a copy of the completed application to the publisher. **Note:** If you are serving as the Centralized Acceptance Post Office for this publication, complete 14b.
- C. For applications for reentry, forward a copy of the completed form with a single copy of the revised publication to the Pricing and Classification Service Center (PCSC). This copy will not be returned to your office.

PRICING AND CLASSIFICATION SERVICE CENTER
 PO BOX 3510
 NEW YORK NY 10008-3510

- D. You will be notified of the ruling on the application by letter.

14. a. Postmaster's Comments (<i>Attach additional sheets if necessary</i>) b. <input type="checkbox"/> If you are serving as the Centralized Acceptance Post Office for this publication, check this box and complete the city, state, and ZIP+4 information below. City _____ State _____ ZIP+4 _____	15. Amount of Fee Collected and Date Paid <p style="text-align: center;">\$</p>
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16. Signature of Postmaster	17. Date	18. Telephone Number (<i>include area code</i>)
19. Name of Employee to Contact With Questions Concerning the Application (print)		20. Employee's e-mail (print)