



Application for Additional Mailing Office for Periodicals Publication (Pending Applications and Mailing at Non-Postal/One! Offices Only)

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.
3. Your application must be accompanied by two copies of your publication showing the identification statement as revised to correspond to the change (see DMM 207.4.11.5g).
4. Complete Part C and submit a copy of this form to the Post Office serving your known office of publication.

Part A. General

1. Full Title of Publication		2. Is postage paid under CPP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Publication Number USPS® _____ ISSN _____	4. No. of Issues per Year	5. Frequency of Issuance	
6. Post Office serving known office of publication, state, and ZIP+4® TO: POSTMASTER		7. 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. Additional Mailing Office Application

8. Use a sequential item number for each additional entry office affected by this request. Furnish information in each applicable column for each item (entry).

Item Number	Post Office and ZIP Code™ (<i>Not a station, branch, or transfer hub</i>)	Nature of Action			Requested Effective Date	Estimated Number of Copies
		Open (Add)	Close (Cancel)	Modify		

Attach Additional Sheets if Necessary

Part C. Applicant Signature

9. Applicant's Name (print)	10. Applicant's Title (print)	11. Date
12. Applicant's Signature (print)	13. Applicant's E-mail (print)	14. Telephone Number (<i>Include area code</i>)

Part D. Postmaster

- A. Review the application and identification statement for accuracy and completeness.
- 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.
- C. Furnish each new additional mailing Post Office™ with a copy of PS Form 3510 marked "Pending." Forward a copy of the completed form and all attachments directly to the Pricing and Classification Service Center (PCSC). If this application accompanies an application for original entry, attach a **copy** of this form to the PS Form 3500.

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.

15. Postmaster's Comments (*Attach additional sheets if necessary*)

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)	