



POSTAL FORM 1583 INSTRUCTIONS

Mail Forwarding & Home Base Services

To make sure your mail is delivered correctly, we will need you to fill out two copies of United States Postal Service Form 1583, "Application for Delivery of Mail Through Agent." Please fill it out per the following instructions and sample page and mail it back to us along with two copies of two forms of your ID (at least one with a picture, see Box 8 for examples) to:



Americas-Mailbox
2040 W Main St Ste 210
Rapid City SD 57702-2570

If you need more than the form attached, you can either photocopy it, get another one from our web site at: <http://www.americas-mailbox.com/Forms/USPS.Form.1583.pdf> - or ask us to fax or e-mail one to you.

Please fill in all of the boxes on the form. **Please note that filling out this form does NOT notify the postal service to forward your mail...it only gives us permission to accept your mail. Only you can notify the USPS and only following our sample.**

1. Fill in today's date.
2. Husband and wife can fill out one form jointly, but must have at least one piece of ID that is separate for each one. List all names by which you receive mail. Example: nicknames, maiden names, middle names. If you are not married, each person must fill out a separate form. If you receive mail for another person, list their names separately and send a copy of the Power of Attorney that allows you to accept their mail and act on their behalf.
3. Please do not write in this block. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in if you are receiving this information by U.S. mail, or we will fill it in for you.
5. **To authorize restricted delivery mail, the post office requires your signature here, for both parties on the account. Restricted delivery mail is certified mail that states only the addressee may sign for it. Your signature allows us, as your agent, to sign for it. Signature(s) must be the same as in box 16.**
6. **Print** your legal name(s) as they appear in boxes 5 and 16.
7. If you have a home base (other than your vehicle), your physical address goes here (it CANNOT be a Post Office Box number). If you have no home base and do not live in your vehicle, please enter your most current address where you receive mail. If you live in your vehicle, indicate that, give the state in which it is registered and the license plate number. **If you do not have a license plate number, you must list your most current mailing address. The information in this box is NOT used to change your address with the post office—you must do that yourself after you receive your unique number and welcome pack instructions from us.**
8. You may use any current, valid picture ID from any state, such as a driver's license. The second form of ID must show a number and your name. Examples of acceptable ID you may use: valid driver's license or state non-driver's identification card; armed forces, government, university or recognized corporate identification card; valid passport or alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. **Social Security cards, credit/debit cards, and birth certificates are unacceptable.** Please remember to list the type of ID used for each form of identification. *Each* person listed in Box 2 (and Box 12 if applicable) must have two forms listed. You must send clear photocopies of all identification used showing the number and signature.
9. Blocks 9 through 14 only need to be filled out if you will be receiving mail addressed to a business or a name other than your own. If not, please enter NA in each block. If you do wish to receive mail addressed to a business or a name other than your own, follow these instructions:
 - Box 9: Name of company
 - Box 10: Legal business address of your company. If you have no business address, list home address from Box 7 again. If business is run from vehicle by full-time RVer, trucker, or boater, repeat the information given in Box 7.
 - Box 11: Kind of business.
 - Box 12: Your name. Additional names as required (see instructions for Box 8).
 - Boxes 13 and 14: Do not leave blank. If these do not apply, write "N/A"
15. **You do NOT need to have the 1583 notarized. Leave this blank.** Our manager will sign after verifying your ID.
16. **Please make certain you have signed your legal name(s) for both parties on this line. This form must be filled out completely. Return to Americas Mailbox with clear photocopies of your current identification. We recommend using Priority mail or private carrier.**

United States Postal Service®
Application for Delivery of Mail Through Agent
 See Privacy Act Statement on Reverse

Sample Page

1. Date
 Insert Today's Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee 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 addressee 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) upon request 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 addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee 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 boxes 7 or 10, and that the identification listed in box 8 is valid.

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| 2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) Insert Names Here — Read Instructions #2 Above | 3a. Address to be Used for Delivery (Include PMB or # sign.) PMB # (To Be Assigned) 2040 W Main St Ste 210 | | |
| | 3b. City Rapid City | 3c. State SD | 3d. ZIP + 4® 57702-2570 |

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| 4. Applicant authorizes delivery to and in care of: a. Name Americas Mailbox b. Address (No., street, apt./ste. no.) 2040 W Main St Ste 210 c. City Rapid City d. State SD e. ZIP + 4 57702-2570 | 5. This authorization is extended to include restricted delivery mail for the undersigned(s): <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">You Must Sign ALL Name(s) Here</p> |
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| 6. Name of Applicant Insert Name Here — Same Instructions as #2 Above 8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a. We need two forms of ID for each person b. See below for what is acceptable identification Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification. | 7a. Applicant Home Address (No., street, apt./ste. no.) See #7 On The Instruction Sheet 7b. City 7c. State 7d. ZIP + 4 7e. Applicant Telephone Number (Include area code) 9. Name of Firm or Corporation If Needed 10a. Business Address (No., street, apt./ste. no.) If Needed 10b. City If Needed 10c. State 10d. ZIP + 4 10e. Business Telephone Number (Include area code) If Needed 11. Type of Business If Needed |
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| 12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) If Needed | |
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| 13. If a CORPORATION, Give Names and Addresses of its Officers If Needed or Not Applicable (N/A) | 14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. If Needed or Not Applicable (N/A) |
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Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

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| 15. Signature of Agent/Notary Public This is NOT needed/Waived by Rapid City Postal Service | 16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">You must SIGN ALL Name(s) Here</p> |
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United States Postal Service®
Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee 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 addressee 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) upon request 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 addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee 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.

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| 2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.) | | 3a. Address to be Used for Delivery (Include PMB or # sign.) # _____ 2040 W Main St Ste 210 | | |
| | | 3b. City Rapid City | 3c. State SD | 3d. ZIP + 4® 57702-2570 |
| 4. Applicant authorizes delivery to and in care of: | | 5. This authorization is extended to include restricted delivery mail for the undersigned(s): | | |
| a. Name Americas Mailbox | | X X | | |
| b. Address (No., street, apt./ste. no.) 2040 W Main St Ste 210 | | | | |
| c. City Rapid City | d. State SD | | | |
| 6. Name of Applicant | | 7a. Applicant Home Address (No., street, apt./ste. no.) | | |
| 8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. | | 7b. City | 7c. State | 7d. ZIP + 4 |
| a. | | 7e. Applicant Telephone Number (include area code) | | |
| b. | | 9. Name of Firm or Corporation | | |
| Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification. | | 10a. Business Address (No., street, apt./ste. no.) | | |
| | | 10b. City | 10c. State | 10d. ZIP + 4 |
| | | 10e. Business Telephone Number (include area code) | | |
| 12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) | | 11. Type of Business | | |
| 13. If a CORPORATION, Give Names and Addresses of its Officers | | 14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. | | |
| 15. Signature of Agent/Notary Public | | 16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) | | |

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Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on USPS.com®.