

BRM/QBRM Application For ZIP+4 Code Assignment/Validation and QBRM Approval

See instructions on reverse.

| 1. Customer Information (To Be Completed by the Customer) | | | | | | | | | | |
|---|------------------------------------|--|---------------------------|------------------|-----------------|---|----------------------------------|--------------|------------------|-------------------|
| Company Name / Permit Holder | | | | | | Type of Customer (Check one) Permit Number (Existing customer only) | | | | |
| | | | | | | □ New Customer | | | | |
| | | | | | | □ Existing C | Customer | | | |
| Address (Street / PC | D Box) | | | | City | | | State | ZIP+4® | |
| | | | | | | | | | | |
| Contact Name | | | Conto | ot Tolombono Nur | mhar | | Con | staat E mail | | |
| Contact Name | ct Telephone Nur | mbei | | Cor | tact E-mail | | | | | |
| | | | | | | | | | | |
| Address Informa | ation To Be Printe | d on the l | Mailpiece: | (Print or Type |) | Rate Category Information | | | | |
| Company Name Shown on Mailpiece | | | | | | Rate Category Requested (Check one) | | | | |
| | | | | | | ☐ BRM (Sections 5 and 6 are not applicable.) | | | | |
| | | □ QBRM™ (All sections are applicable.) | | | | | | | | |
| Address (Street / PO Box) | | | | | | Mailpiece Information (Check All That Apply — Use Inches for Height and Length) | | | | |
| | | Postcard (QBRM only): Height Length | | | | | | | | |
| City State BRM ZIP+4 (Existing customer only) | | | | | | ☐ 1-oz. letter (QBRM only): Height Length | | | | |
| | | | | | | ☐ 2-oz. letter (QBRM only): Height Length | | | | |
| | | | | | | ☐ Other (BRM only): Height Length | | | | |
| | gning this form, I h | | irm that I a | m not requesti | ing a | | | | | distribute QBRM. |
| Signature of Custon | ner or Mail Service Pro | ovider | | | | City of Reply Of | fice Where Subm | itted State | ZIP+4 | |
| | | | | | | | | | | |
| Customer: After | completing Section | n 1 suhn | nit this for | n to the local F | Poet | Office TM that is | seuge/holde th | o normit | | |
| | | | | | | | | | ds the Perr | mit) |
| 2. Issuing Permit Office Information (To Be Completed I | | | | | u Dy | Cost Center Co | | | ued to Customer | |
| | | | | | | | | | | □ Yes |
| | | | | | | | | | | □ No |
| Employee Verifying | Customer's Receipt/F | ees/Letter | Employee's | Title | | Date | | • | and complete al | |
| | | | | | | | ☐ (Ver.) Ann. I☐ Ann. Acct. N | | □ Qtr. H | ligh-Vol. \$ |
| Employee Completing This Section (Full Name) | | | | | | Employee's Sign | | ιαιτι. ψ | | Date |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3 | , | | | | , ,,,,,,,, | | | | |
| | | | | | | | | | | |
| | e: After completing | | | | | | | | e form, send a | copy to customer. |
| | nation (To Be | | | | | | | | | |
| Date Received | AMS: Do not acc AMS representat | ept this f | orm unles | Sections 1 a | nd 2 | have been co | empleted by the | e customer a | and the local i | Post Office. |
| | assigning a ZIP+ | 4. Assian | i enter the multiple 2 | ZIP+4s only as | er ari S nee | id ine media c ided — do not | oue III life Alli 'over-code. | S ualavase i | viieii vailualii | ig or |
| Assigned BRM or Q | BRM ZIP+4 (Check the | _ | | = | | | Corrections or Oth | er Comments | | |
| ☐ Postcard: | , | _ | _ | , , , | , | | | | | |
| ☐ 1 oz. letter: | | | _ — — | | | | | | | |
| ☐ 2 oz. letter: | | | _ — — | | | | | | | |
| ☐ Other: | | | | | | | | | | |
| | ng This Section (Full N | Name) | | | | Employee's Sign | nature | | | Date |
| . , . | | • | | | | . , , | | | | |
| | | | | | | | | | | |
| | leting Section 3, re | | | | | | | | | |
| 4. Customer | Instructions fo | r Obtai | ning Rep | oly Mail Arty | wor | k — a Com | plimentary | Service Fi | om the Po | stal Service |
| Customers distr | ributing BRM or C | QBRM ma | ailpieces r | nay obtain co | mpli | imentary artw | ork directly fr | om the Post | al Service as | s follows: |
| Wait 48 hours after receiving a permit number and ZIP+4 before using the U.S. Postal Service artwork tool. | | | | | | | | | | |
| To create a business account, go to the Business Customer Gateway at https://gateway.usps.com/bcg/login.htm. | | | | | | | | | | |
| Use the Gateway account to request a Mailer ID (MID), which is required for obtaining reply mail artwork. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | - | | artwork. | | |
| | ABRM user guid | = | | - | | | | | | |
| 6. For assistance with the ABRM tool, call the MDA Support Center at 855-593-6093. | | | | | | | | | | |

| | | | cation to Distribute and uctions and Information | Receive QBRM Prices (To Be Completed by the | Customer) | | | | |
|--|--|---|--|--|-------------------------------|--|--|--|--|
| Materials Submitted (Check one) Samples with the corresponding Intelligent Mail® barcode printed on the pieces. | | For each QBRM requested, complete this form, provide ten Business Reply Mail® (BRM) mailpieces in one of the two formats noted in the box to the left, and submit this form and the ten sample mailpieces to the Post Office that issued/holds the permit. | | | | | | | |
| ☐ Paper mockups or pre-production samples trimmed to the exact dimension of the mailpiece with the corresponding Intelligent Mail barcode printed on the pieces. Use the actual paper and ink color for the background and printing. | | QBRM pieces are cards or other letter-size pieces that are prepared and distributed for return without prepayment of postage under <i>Mailing Standards of the United States Postal Service</i> , Domestic Mail Manual (DMM®) 505. The applicant is responsible for paying the QBRM prices and the additional per-piece fee on all pieces returned under this privilege. The applicant agrees | | | | | | | |
| | | | | Office that will issue/hold the permit. | | | | | |
| 6. QBRM F Date Received | Review (To Be Comple Mailpiece Approved for QBF | | by USPS MDA) Remedy Ticket Number | | | | | | |
| Date Received | ☐ Yes ☐ No | CIVI ? | Remedy ficket Number | | | | | | |
| MDA Completin | g This Section (Full Name) | | | MDA's Signature | Date | | | | |
| Dear Custo | mer: | | | | | | | | |
| | our application, the Post usiness Reply Mail (QBR | | | lowing determination regarding your request for | entry into the _ Post Office: | | | | |
| □ Approved for participation in the Qualified Business Reply Mail program. □ Disapproved. The attached sample did not meet the DMM requirements: | | | | | | | | | |
| | a sample BRM piece appro | | | □ DMM 201 Sections: | | | | | |
| Mail service | reduced price plus the app | licab | le per-piece fee. | DMM 505 Sections: | | | | | |
| If the ODDM on | plication is disconnected, the MDA | | this angue to note comments on | □ DMM 708 Sections:unmet DMM requirements and necessary corrective action. | | | | | |
| | | | | | | | | | |
| | ompleting Section 6, process c customer; retain one copy f | | | riginal to the local Post Office that issued the permit; send | d one copy | | | | |
| Instruction | o for Completing This | . Ea | ··· | | | | | | |
| | ns for Completing This | | | 100 " 5 10 1 " 1 10 " 1 | . , | | | | |
| For BRM ap | oplications, the parties mu informational purposes o | | omplete Sections 1, 2, an | d 3. Sections 5 and 6 are not applicable. (Section 4 | is for | | | | |
| For QBRM a | For QBRM applications, the parties must complete the entire form — Sections 1, 2, 3, 5, and 6. (Section 4 is for informational purposes only.) | | | | | | | | |
| Section 1: | The customer completes | Sec | tion 1 and submits the fo | rm to the local Post Office that issues/holds the pern | nit. | | | | |
| Section 2: | The local Post Office cor | nplet | s the form to the AMS. | | | | | | |
| Section 3: | | s completes Section 3 and returns the form to the local Post Office that issues/holds the permit. The local Post curns the form to the customer. | | | | | | | |
| Section 4: | | ection 4 provides information on how BRM and QBRM customers can obtain mailpiece artwork at no charge from t ostal Service. A BRM or QBRM customer may obtain mailpiece artwork from another source, but the artwork must I USPS requirements. | | | | | | | |
| Section 5: | | | | rm and the ten sample BRM mailpieces to the local Post Office that ds the form and the ten samples to the MDA. | | | | | |
| Section 6: | The MDA completes Sec | ction | 6 and processes the form | as follows: Send the original to the local Post Office that issued | | | | | |

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the permit; send one copy directly to the customer; retain one copy for office records.