

**Postage Statement — Standard Mail (A)  
(Nonprofit Only) — Permit Imprint**

**MAILER: Complete all items by typewriter, pen, or indelible pencil. If you need a receipt, prepare in duplicate.**

<b>Mailer Information</b>	Post Office of Mailing		Mailing Date		Processing Category <input type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Machinable Parcels (DMM C050) <input type="checkbox"/> Irregular Parcels (DMM C050)		USPS Authorized Mailing ID Code(s)	
	Permit No.		Statement Sequence No.					
	Permit Holder's Name and Address (Include ZIP Code)		Telephone		Receipt No.		Prepared Under DMM (Check all that apply) <input type="checkbox"/> M610 (Letters, flats, parcels) <input type="checkbox"/> M610 (Upgradable letters) <input type="checkbox"/> M620 (Enhanced Carrier Route) <input type="checkbox"/> M810 (Automation letters) <input type="checkbox"/> M820 (Automation flats)	
	Customer No. _____ (Dun & Bradstreet)		Number of Containers (Fill in all that apply) 1-Ft. MM Trays _____ 2-Ft. MM Trays _____ 2-Ft. EMM Trays _____ Total Ltr. Trays _____ Flat Trays <b>N/A</b> Sacks _____ Pallets _____ Other _____		Weight of a Single Piece _____ pounds		If Sacking, Based On <input type="checkbox"/> 125 pieces <input type="checkbox"/> 15 pounds <input type="checkbox"/> Both	
	Authorized nonprofit rates? (DMM E670) <input type="checkbox"/> Yes <input type="checkbox"/> No		CTAS Cust. Ref. ID _____		Total Pieces _____ Total Weight _____		Name and Address of Mailing Agent (If other than permit holder)	
		Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)		Authorized nonprofit rates? (DMM E670) <input type="checkbox"/> Yes <input type="checkbox"/> No		Customer No. _____ (Dun & Bradstreet)		

<b>Postage Computation</b>	<ul style="list-style-type: none"> <li>For <b>Nonprofit automation rate letter-size</b> (DMM C810) or <b>flat-size</b> pieces (see DMM C820) weighing <b>.2088 lb. (3.3407 oz.) or less</b>, go to <b>Part A</b> on reverse of this form.</li> <li>For <b>Nonprofit nonautomation rate</b> pieces (DMM C050) weighing <b>.2088 lb. (3.3407 oz.) or less</b>, go to <b>Part B</b> on reverse of this form.</li> <li>For <b>Nonprofit Enhanced Carrier Route rate</b> pieces (DMM C050) weighing <b>.2084 lb. (3.3348 oz.) or less</b>, go to <b>Part C</b> on reverse of this form.</li> <li>For <b>Nonprofit Enhanced Carrier Route rate</b> pieces weighing <b>more than .2084 lb. (3.3348 oz.)</b>, or <b>Nonprofit rate</b> pieces weighing <b>more than .2088 lb. (3.3407 oz.) but all less than 1.0 lb. (16.0 oz.)</b>, go to <b>Part D</b> on reverse of this form.</li> </ul>		Postage (From reverse side)	Part A	\$
				Part B	\$
				Part C	\$
				Part D	\$
<input type="checkbox"/> Additional Postage Payment (State reasons) <input type="checkbox"/> Single-Piece Rate <input type="checkbox"/> Nonstandard Surcharge <input type="checkbox"/> Special Service (Specify)		No. Pieces _____	Rate/Fee Per Pc. _____	= \$ _____	
Is applicable bulk per piece rate affixed to each piece? (Form 3602-PN required) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Total Postage</b>		\$ _____	

For **Enclosed Reply Pieces** (Automation rates only) (Effective 3/1/97): I certify that all business reply, courtesy reply, or metered reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing identification mark (FIM) and barcode under DMM C810.

For **ZIP Codes** (Nonautomation rates only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

The signature of a mailer certifies that: (1) the mailing does not violate DMM E670; (2) only the mailer's matter is being mailed; (3) this is not a cooperative mailing with other persons or organizations that are not authorized to mail at Nonprofit Standard Mail rates at this office; (4) this mailing has not been undertaken by the mailer on behalf of or produced for another person or organization not authorized to mail at Nonprofit Standard Mail rates at this office; (5) the mailing, if made by a voting registration official, is required or authorized by the National Voter Registration Act of 1993; and (6) it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing, whether due to a finding that the mailing is cooperative or for other reasons. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the nonprofit mailer, and that both the nonprofit mailer and the agent will be liable for and agree to pay any deficiencies.)

The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

**I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.**

Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred.)		Telephone
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<b>USPS Use Only</b>	Single-Piece Weight _____ pounds		Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Total Pieces _____ Total Weight _____		If "Yes," Reason _____			
	Total Postage _____					
	Check One <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled		Date Mailer Notified _____	Contact _____	By (Initials) _____	Round Stamp (Required)
	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.					
Signature of Weigher _____		Time		AM PM		

# Form 3602-N — Standard Mail (A) (Nonprofit Only) — Permit Imprint

## Postage Computation

Entry Discount (If any)	Presort / Automation Discounts	Net Rate	Count (Pcs. / Lbs.)	Charge	Entry Discount (If any)	Presort / Automation Discounts	Net Rate	Count (Pcs. / Lbs.)	Charge
<b>A Nonprofit Automation Rates — Letters (DMM C810) and Flats (DMM C820) Weighing .2088 Lb. (3.3407 Oz.) or Less</b>					<b>B Nonprofit Nonautomation Rates — Pieces Weighing .2088 Lb. (3.3407 Oz.) or Less</b>				
None	5-Digit Letter	.082 x	_____ pcs. = \$	_____	None	3/5 Letter	.114 x	_____ pcs. = \$	_____
	3-Digit Letter	.095 x	_____ pcs. = \$	_____		3/5 Nonletter	.149 x	_____ pcs. = \$	_____
	Basic Letter	.099 x	_____ pcs. = \$	_____		Basic Letter	.132 x	_____ pcs. = \$	_____
	3/5 Flat	.125 x	_____ pcs. = \$	_____		Basic Nonletter	.195 x	_____ pcs. = \$	_____
	Basic Flat	.171 x	_____ pcs. = \$	_____		<b>DBMC</b> 3/5 Letter	.101 x	_____ pcs. = \$	_____
DBMC	5-Digit Letter	.069 x	_____ pcs. = \$	_____	3/5 Nonletter	.136 x	_____ pcs. = \$	_____	
	3-Digit Letter	.082 x	_____ pcs. = \$	_____	Basic Letter	.119 x	_____ pcs. = \$	_____	
	Basic Letter	.086 x	_____ pcs. = \$	_____	Basic Nonletter	.182 x	_____ pcs. = \$	_____	
	3/5 Flat	.112 x	_____ pcs. = \$	_____	<b>DSCF</b> 3/5 Letter	.096 x	_____ pcs. = \$	_____	
	Basic Flat	.158 x	_____ pcs. = \$	_____	3/5 Nonletter	.131 x	_____ pcs. = \$	_____	
DSCF	5-Digit Letter	.064 x	_____ pcs. = \$	_____	Basic Letter	.114 x	_____ pcs. = \$	_____	
	3-Digit Letter	.077 x	_____ pcs. = \$	_____	Basic Nonletter	.177 x	_____ pcs. = \$	_____	
	Basic Letter	.081 x	_____ pcs. = \$	_____	<b>Total — Part B (Carry to front of form) \$ _____</b>				
	3/5 Flat	.107 x	_____ pcs. = \$	_____	<b>D Check</b> <input type="checkbox"/> <b>Nonprofit Rate Pieces Weighing More Than .2088 Lb. (3.3407 Oz.) but Less Than 1.0 Lb. (16.0 Oz.)</b>				
	Basic Flat	.153 x	_____ pcs. = \$	_____	<input type="checkbox"/> <b>Nonprofit Enhanced Carrier Route Rate Pieces Weighing More Than .2084 Lb. (3.3348 Oz.) but Less Than 1.0 Lb. (16.0 Oz.)</b>				
<b>Total — Part A (Carry to front of form) \$ _____</b>					None	Saturation ECR	.000 x	_____ pcs. = \$	_____
						plus	.451 x	_____ lbs. = \$	_____
						High Density ECR	.006 x	_____ pcs. = \$	_____
						plus	.451 x	_____ lbs. = \$	_____
						Basic ECR	.013 x	_____ pcs. = \$	_____
					plus	.451 x	_____ lbs. = \$	_____	
					3/5 Automation*	.024 x	_____ pcs. = \$	_____	
					plus	.484 x	_____ lbs. = \$	_____	
					3/5 Nonautomation	.048 x	_____ pcs. = \$	_____	
					plus	.484 x	_____ lbs. = \$	_____	
					Basic Automation*	.076 x	_____ pcs. = \$	_____	
					plus	.455 x	_____ lbs. = \$	_____	
					Basic Nonautomation	.100 x	_____ pcs. = \$	_____	
					plus	.455 x	_____ lbs. = \$	_____	
					<b>DBMC</b> Saturation ECR	.000 x	_____ pcs. = \$	_____	
					plus	.389 x	_____ lbs. = \$	_____	
					High Density ECR	.006 x	_____ pcs. = \$	_____	
					plus	.389 x	_____ lbs. = \$	_____	
					Basic ECR	.013 x	_____ pcs. = \$	_____	
					plus	.389 x	_____ lbs. = \$	_____	
					3/5 Automation*	.024 x	_____ pcs. = \$	_____	
					plus	.422 x	_____ lbs. = \$	_____	
					3/5 Nonautomation	.048 x	_____ pcs. = \$	_____	
					plus	.422 x	_____ lbs. = \$	_____	
					Basic Automation*	.076 x	_____ pcs. = \$	_____	
					plus	.393 x	_____ lbs. = \$	_____	
					Basic Nonautomation	.100 x	_____ pcs. = \$	_____	
					plus	.393 x	_____ lbs. = \$	_____	
					<b>DSCF</b> Saturation ECR	.000 x	_____ pcs. = \$	_____	
					plus	.363 x	_____ lbs. = \$	_____	
					High Density ECR	.006 x	_____ pcs. = \$	_____	
					plus	.363 x	_____ lbs. = \$	_____	
					Basic ECR	.013 x	_____ pcs. = \$	_____	
					plus	.363 x	_____ lbs. = \$	_____	
					3/5 Automation*	.024 x	_____ pcs. = \$	_____	
					plus	.396 x	_____ lbs. = \$	_____	
					3/5 Nonautomation	.048 x	_____ pcs. = \$	_____	
					plus	.396 x	_____ lbs. = \$	_____	
					Basic Automation*	.076 x	_____ pcs. = \$	_____	
					plus	.367 x	_____ lbs. = \$	_____	
					Basic Nonautomation	.100 x	_____ pcs. = \$	_____	
					plus	.367 x	_____ lbs. = \$	_____	
					<b>DDU</b> Saturation ECR	.000 x	_____ pcs. = \$	_____	
					plus	.337 x	_____ lbs. = \$	_____	
					High Density ECR	.006 x	_____ pcs. = \$	_____	
					plus	.337 x	_____ lbs. = \$	_____	
					Basic ECR	.013 x	_____ pcs. = \$	_____	
					plus	.337 x	_____ lbs. = \$	_____	
					<small>*Available only for automation-compatible flats (DMM C820)</small>				
<b>Total — Part C (Carry to front of form) \$ _____</b>					<b>Total — Part D (Carry to front of form) \$ _____</b>				