



3901 East Paris Ave. SE  
Grand Rapids, MI 49512  
616.957.2120 phone  
616.957.3026 fax  
kentcommunications.com

# **FAX** Cover Sheet

## **NCOA Processing Acknowledgment Form**

### **PLEASE DO THE FOLLOWING:**

- Print this 2 page document
- Fill out the bottom of this cover sheet
- Fill out the NCOA Processing Acknowledgement Form (PAF)  
Completely fill out the List Owner portion  
(To lookup your NAICS number go to [www.naics.com/search.htm](http://www.naics.com/search.htm))
- Fax this cover sheet and PAF to KCI
- Mail originally signed PAF to KCI at address above

### **FAX COVER SHEET:**

To: \_\_\_\_\_

From Name: \_\_\_\_\_

From Company: \_\_\_\_\_

Pages in FAX 2 (including cover sheet)

To FAX #: (616) 957-3026



# NCOA<sup>Link</sup>® PROCESSING ACKNOWLEDGEMENT FORM

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service<sup>®</sup> (USPS<sup>®</sup>) requires that each NCOA<sup>Link</sup> Licensee have a completed NCOA<sup>Link</sup> PAF for each of their NCOA<sup>Link</sup> customers prior to providing the NCOA<sup>Link</sup> service. The Licensee is also required by the USPS to retain a copy of the completed form for each of its customers and to obtain an updated PAF from each of its customers at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed hardcopy document or equivalent alternative.

## LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

NAICS

USPS Mailer ID (optional)

E-mail Address (optional)

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Company Website (optional)

Name (Please print)

Title

Signature

Date

do hereby acknowledge that I have received and reviewed the NCOA<sup>Link</sup> Information Package supplied to me by [BCC Software, LLC](#) an NCOA<sup>Link</sup> Service Provider. I also understand that the sole purpose of the NCOA<sup>Link</sup> service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA<sup>Link</sup> may not be used to create or maintain new movers' lists.

## LICENSEE

[BCC Software, LLC](#)

Business Name (Please print)

Name (Please print)

[Data Marketing Services](#)

Title

Signature

Date

[800-337-0372](#)

Telephone Number

[585-272-7778](#)

Fax Number

☐ **BROKER/AGENT** ☐ **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

NAICS

Company Website (optional)

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: