## 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<sup>TM</sup> 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.

corrective action is taken.								
This application may be subject to ve at the home or business address liste						conducts business		
2. Name in Which Applicant's Mail Will Be F (Complete a separate PS Form 1583 for EA	3a.Address to be Used for Delivery (Include PMB or # sign.) 1601 NW 82 Ave							
complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate			1001 NVV 02 AVE					
box.)	orrior orar	от орошоо тарргортаю	3b. City	Doral	3c. State FL	3d. ZIP + 4 <sup>®</sup> 33126		
4. Applicant authorizes delivery to and in care of:				This authorization is extended to include restricted delivery mail for the undersigned(s):				
a. Name  Latin Logistics								
b. Address (No., street, apt./ste. no.) 1601 NW 82 Ave								
c. City  Doral	d. State FL	e. ZIP + 4 33126						
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			7b. City		7c. State N.A.	7d. ZIP + 4 N.A.		
information. Subject to verification.	7e. Applicant Telephone Number (Include area code)							
a.			Name of Firm or Corporation					
			9. Name of Fi	ini di Corporation				
b.			10a. Business Address (No., street, apt./ste. no)					
			10b. City			10d. ZIP + 4		
Acceptable identification includes: valid driv	ver's licens	se or state non-driver's			N.A.	N.A.		
identification card; armed forces, government corporate identification card; passport, alie	10e. Business Telephone Number (Include area code) ( 57 )  11. Type of Business							
naturalization; current lease, mortgage or E registration card; or a home or vehicle insu								
identification may be retained by agent for								
12. If applicant is a firm, name each member of minors receiving mail at their delivery			ll names listed	must have verifiable ider	ntification. A guard	dian must list the names		
13. If a CORPORATION, Give Names and	of Its Officers	14. If business name <i>(corporation or trade name)</i> has been registered, give name of county and state, and date of registration.						
Warning: The furnishing of false or mislead imprisonment) and/or civil sanctions (included)				al information may result	in criminal sancti	ons (including fines and		
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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