UNITED STATES POSTAL SERVICE®

Priority Mail Express™ Manifesting Certification

Company Information

Company Name

Address (No., street, ste. no., city, state, ZIP + 4)

Mailer ID (MID)

Electronic File

The electronic file submitted by the company shown above has been certified by the National Customer Support Center (NCSC) to be complete and accurate in both content and transmission and to meet the requirements as defined in Publication 97, *Express Mail Manifesting Business and Technical Guide.*

Authorized NCSC Signature

Date Signed

Barcoded Labels

The barcoded labels printed and submitted by the company shown above have been certified by the National Customer Support Center (NCSC) to meet the standards and specifications as prescribed in the *Express Mail Manifesting Business and Technical Guide,* and the appropriate ANSI or AIM published standards.

Authorized NCSC Signature

Date Signed

Instructions for Completing and Submission With Mailing

Keep the original of this form in a safe place. Make a photocopy for each mailing and place a label printed with a barcode representing the Priority Mail Express Manifesting Electronic File Number from the electronic file for this specific mailing in the space indicated below. If you cannot print a barcoded label, fill in the sequence number and check digit (the last nine characters) of your Priority Mail Express Manifesting Electronic File Number (positions 17-25 in the Header Record) for this specific mailing in the space indicated.

Required Mailing Information

Number of Priority Mail Express Pieces in This Mailing

Total Postage for This Mailing

Total Weight of Pieces in This Mailing

USPS Corporate Account Number

Priority Mail Express Manifesting Electronic File Number

__ __ 5 0   __ __ __ __ __ __ __ __ __   __ __ __ __ __ __ __ __ __

Prefix   Mailer ID (MID)   Sequence Number

Place barcode here:

You have been certified for:

Priority Mail Express

Your company has been assigned the following prefix and range of Priority Mail Express barcode/label numbers:

__ __   __ __ __ __ __ __ __ __ __   through   __ __ __ __ __ __ __ __

Prefix   Range of Label Numbers

Endorsements

Signature of Mailer

Date of Mailing

Round Stamp

Acceptance Employee Signature

PS Form **3152-E,** January 2014