

## Optional Procedure (OP) Mailing System Application

Before completing this application, review *Domestic Mail Manual* (DMM) P920, *Optional Procedure Mailing System,* and Publication 407, *Optional Procedure (OP) Mailing System.* 

and Fublication 407, Opt	ional Frocedure (OF) Mailing System	III.		Type or print legibly
I - Contact Person Information		II - Address Inform	nation	
Name		Company Name		
Title		Address (Number, street, ste., city, state, ZIP + 4)		
Telephone Number (Include area code)				
Fax Number (Include area code)				
Email Address		Signature		Date Signed
III - Mailer/Applicant Profile				
Complete the hours of operation, by day,	, as applicable:			
Sunday	Sunday Monday 7		Tuesday Wednesday	
Thursday	Friday	Saturday		
Software				
Is your address matching	No			
Is your presort software P.	No			
Hardware (Check all that apply)				
	BCS		pling Scale	
☐ Other (List):				
Program Participation (Check all that app	oly)			
☐ Plant-Load		☐ Plant-Verified Drop Shipment (PVDS)		
☐ Address Change	Service (ACS)	☐ Computerized Delivery Sequence (CDS)		
	Total Quality Management Program	☐ Drop-Snipment☐ PostalOne!	Management System (DSMS)	
(MPTQM)  ☐ Other:				
Address Technology (Check all that appl	/v)			
	Computerized	☐ Paper/Self-Adhe	esive Labels	
☐ Other (List):				
Mail Description (Check all that apply)				
	rst-Class <sup>®</sup> Mail	☐ Package Services [	☐ International Mail	
Processing Categories:	tters   Flats	☐ Machinable Parcels □	☐ Irregular Parcels	
General				
Will mailings be verified and/or accept		☐ Yes [	□ No	
Will mailings be verified and/or accept	-		□ No	
	nultiple permit imprints in a single mailing		□ No	
If YES, enter the unique permit imprint ings:	t account number for commingled permit	mail-		

Audit Trail D List the records/documents your company routinely uses that will support your O	ocumentation ptional Procedure audit trail. At a minimum, those records must include:		
Production Records (If your company produces the product being mailed) Standardized Presort Documentation CASS Report (If applicable) Customer Bill/Invoice Inkjet Reorder Report (Only for Standard Mail flat-size mailings in which the Spoiled or Damaged Report (For spoiled or damaged addressed mailpiece Quality Control Documentation  NOTE: Additional documentation may be required, depending on the type of mailed to the product being mailed to the	ne address is applied by inkjet) es)		
1.	an presented under Optional Freedadie.		
2.			
3. 4.			
5.			
<u>6.</u> 7.			
8.			
9.			
10.	ne Application		
<ol> <li>In support of this application you must submit the following:         <ol> <li>A detailed flow chart of your production operation.</li> <li>Detailed quality control procedures.</li> <li>A sample job jacket including:</li></ol></li></ol>	Submit the application and all supporting documentation to the postmaster serving your plant.  master st, for this mailer application and sign and date below with your recommendation		
Recommend Approval Recommend Denial (State reasons):			
Signature (Administering Postmaster or designated representative)			
	Manager		
Review the Application Checklist submitted with this application and sign and date   Recommend Approval   Recommend Denial (State reasons):	e below with your recommendation for approval or denial.		

Date Signed

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Signature (District Manager or designated representative)