



# Electronic Product Fulfillment Web Access Request Form

This form is used to create a Web-based account with the Addressing & Geospatial Technology (AGT) which will be used to download files electronically from the Electronic Product Fulfillment (EPF) website. Multiple users within a single organization can download the product(s), excluding AIS Viewer; however, each user must have a separate EPF account.

Please allow 24 hours from receipt of payment before notification of product availability.

AIS Products		BMA Products	Licensing/Certification Products
<input type="checkbox"/> Carrier Route national	<input type="checkbox"/> Z4Change	<input type="checkbox"/> MAC Batch	<input type="checkbox"/> ACS (acct. # _____)
<input type="checkbox"/> Carrier Route by state	<input type="checkbox"/> ZIP + 4® national	<input type="checkbox"/> PAVE	<input type="checkbox"/> AMS API
<input type="checkbox"/> City State	<input type="checkbox"/> ZIP + 4 by state	<b>Other Products</b>	
<input type="checkbox"/> Delivery Statistics	<input type="checkbox"/> ZIPMove	<input type="checkbox"/> Labeling Lists	<input type="checkbox"/> CASS™/MASS™ (cust # _____)
<input type="checkbox"/> eLOT® national	<input type="checkbox"/> AIS Viewer	<input type="checkbox"/> National Zone Charts	<input type="checkbox"/> DPV®
<input type="checkbox"/> eLOT by state	<b>CDS Products</b>		
<input type="checkbox"/> Five-Digit	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> County Project	<input type="checkbox"/> DSF2®
<input type="checkbox"/> RDI™	<input type="checkbox"/> Weekly	<input type="checkbox"/> _____	<input type="checkbox"/> NCOALink®
<b>AEC Products</b>		<b>GIS</b>	
<input type="checkbox"/> AEC / AECII®	<input type="checkbox"/> Post Office Location	<input type="checkbox"/> LACSLink®	
	<input type="checkbox"/> Blue Collection Box Location	<input type="checkbox"/> SuiteLink®	
		<input type="checkbox"/> Other (Specify): _____	

Customer Information	
Name	Email Address
Company Name	Telephone Number (include area code)
Business Address	Corporate HQ Location (if different from your Business Address)

### Customer Computer Access Authorization

**User Responsibility Agreement Statement:** I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide updated information for the information listed above whenever I change job positions. I agree that misuse of a USPS® computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

Requester's Signature	Date
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**Manager Responsibility Agreement Statement:** I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Name	Date
Signature	Telephone Number (include area code)

### Support and Return Information USPS Use Only

If you have any questions regarding this Web access request form, please contact support at 800-331-5747 or [devsupport.ncsc@usps.gov](mailto:devsupport.ncsc@usps.gov); otherwise, mail or fax this completed form to:

ADDRESS QUALITY PROGRAMS  
ADDRESSING & GEOSPATIAL TECHNOLOGY  
UNITED STATES POSTAL SERVICE  
225 N HUMPHREYS BLVD STE 501  
MEMPHIS TN 38188-1001  
FAX: 901-681-4582

**DO NOT SEND PAYMENT WITH THIS FORM**