



Customer Information (Please print)

Company Official Contact Name | Email Address

Company Name

Physical Address | Apt/Suite

City | State | ZIP + 4® Code

Telephone Number (Include area code) | Fax Number (Include area code)

Salesperson (your company) | Telephone Number (Include area code) | Salesperson Email Address

Mailing Information (Please print)

Attention | Email Address

Company Name

USPS Mailing Address | Apt/Suite

City | State | ZIP + 4 Code

Telephone Number (Include area code) | Fax Number (Include area code)

Billing Address (If different from Customer and Mailing Information)

Mailing Address | Apt/Suite

City | State | ZIP + 4 Code

Contact Number (if different)

I request that my certification be maintained in U.S. Postal Service® documents and records as:

- Integrator/Manufacturer User DPV® Licensee
 Vendor/Service Bureau DSF2® Licensee DPV User
 I do not wish to be listed in USPS® pubs.

I am applying for:

- Manufacturer Certification (Software/Hardware) User-Defined Certification

All information furnished on this application is complete and correct. The responses provided on the CASS Stage II certification file will be obtained using the same configuration used for processing customer/client address files. Any modification to the software or the configuration used to process the Stage II file will require recertification prior to use or release. The CASS Stage II file will be processed in-house with company-owned or leased software/hardware. All answers will be written to the Stage II file via batch processing without manual intervention. The software used to process the CASS Stage II file contains technology that disables access to outdated U.S. Postal Service data in accordance with DMM® 602.9. When used interactively, this product does not allow automated selection of an individual record from a list of multiple candidates. Users of this software are advised that any modification voids CASS certification.

CASS/MASS™ certification scores are confidential information and the applicant agrees not to disclose scores achieved on their passing test for the purpose of marketing their software or hardware product.

I have read and understand the requirements above and realize that any misrepresentation or failure to comply with these requirements will result in decertification. Required Field Required Field

Company Official Contact Signature | Date

AGT Use Only

Customer Number | Date | PRDT Code

Product Information

If the matching software/hardware has optional parameters, you MUST return a list of the parameters used to process the CASS™ Stage II file with this form. The electronic version of PS Form 3553, CASS Summary Report, MUST be incorporated into the header record. Also, you MUST return a hardcopy of PS Form 3553 by fax, FTP, or email with the Stage II certification.

Address Matching Software

- 1. Geographic type. If state or area, please specify:
 National Puerto Rico
- 2. Type of Test: Merge Merge/eLOT®
- 2A. DPV® Certification: Yes No
- 2B. RDI™ Certification: Yes No
- 2C. DSF2® Certification: Yes No
- 2D. LACSLink® Certification: Yes
- 2E. SuiteLink® Certification: Yes

3. Fill in all software information:

Product Title	Version Number	Configuration
_____	_____	_____

4. Fill in all platform information (If software is required to be recompiled to run on a platform, the platform must be certified):

Platform	Platform	Platform	Platform	Platform	Platform
_____	_____	_____	_____	_____	_____

5. This software provides access to candidate record stacks: Yes No

5A. Product Usage - Please describe how your software will be marketed. Check all that apply:

- | | | |
|---|---|--|
| Distribution
<input type="checkbox"/> Sell
<input type="checkbox"/> Lease | Application Program Interface*
<input type="checkbox"/> Driver
<input type="checkbox"/> Application Interface | Service Provider
<input type="checkbox"/> Internal Processing
<input type="checkbox"/> External Processing |
|---|---|--|

* For use as an add-on or address matching engine for other software

5B. If this product incorporates software certified under another manufacturer (i.e., driver or application interface), please fill in all information for each software used:

Product Title	Version Number	Configuration	Platform
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mail or Fax Completed Form To

CASS DEPARTMENT
ADDRESSING & GEOSPATIAL TECHNOLOGY
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS STE 501
MEMPHIS TN 38188-1001

Telephone Number: 800-642-2914
Fax Number: 650-577-2509