

Licensee Application  
DPV<sup>®</sup> Product

STEP 1  
DPV Product Interface  
Application

**Please Print:**

Licensee Name: \_\_\_\_\_

Licensee Address: \_\_\_\_\_

North American Industry Classification System (NAICS): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

**Terms and Conditions of Application for License**

1. The United States Postal Service DPV Product, as stated in the License Agreement, may be used to provide address information that will be used to validate delivery points of existing addresses.
2. Prior to consideration for a DPV License, a potential Licensee must demonstrate the capability and past performance of writing USPS Coding Accuracy Support System (CASS)-certified software, and that licensing of this technology to the applicant is in the best interest of the USPS. **The applicant will submit the Self-Certification Statement, along with this application** to enable USPS to make this determination. This information should include a description of the applicant’s business and its mailing-related functions, and its experience in this field. Refer to the page titled “Self-Certification Statement” for the minimum specific information that must be provided.
3. Prior to consideration as a DPV Licensee a potential Licensee must demonstrate that the system to be DPV enhanced has obtained and maintained USPS CASS certification.
4. No DPV License will be granted to the applicant prior to USPS acceptance testing and approval of the applicant’s specific DPV interface.

**I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to applying for or obtaining a USPS DPV License Agreement. I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization.**

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Step 1- Application

CONFIDENTIALITY STATEMENT

All material supplied in connection with the application for and use of DPV Product contains trade secrets and/or confidential technical, commercial, or other information not generally available to the public. This document, and all other material provided in connection with DPV technology and the data and information contained therein shall not be used, duplicated or disclosed to third parties, in whole or in part, for any purpose, other than for evaluation by the recipient, without the prior express written consent of the United States Postal Service. For the purposes of evaluation, the recipient is authorized to disclose the data or information provided in connection with DPV technology only to those persons within the recipient's organization who have a reasonable need to know the same. Those persons must be informed of and agree to abide by the restrictions on duplication, disclosure, and use of all material, data, or information described herein.

I hereby affirm that I have read and fully understand the terms and conditions listed above. I, my company, and/or firm agree to meet these terms and conditions as a prerequisite to using the DPV Product. I, my company, and/or firm further agree to continue to abide by this Confidentiality Statement whether or not the USPS awards a DPV License to me, my company, and/or firm. This Confidentiality Statement shall not be superseded by the award or entry into of a DPV License or any other agreement with the United States Postal Service, unless such agreement specifically refers to this Confidentiality Statement. I affirm that I am an officer of the company, firm or organization and that I possess all necessary legal authority to sign on behalf of the company, firm, or organization.

Product Name Basic DPV Product

Company Name (please print): \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return to:

DPV LICENSING DEPARTMENT  
NATIONAL CUSTOMER SUPPORT CENTER  
UNITED STATES POSTAL SERVICE  
225 HUMPHREYS BLVD STE 501  
MEMPHIS TN 38188-1001  
FAX: 650-577-5773

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STEP 1-Application

**DPV Licensed Product  
Self-Certification Statements**

***The following provides clarification and specifics for Item 2 of the Application. This must be provided for evaluation along with the Application.***

1. A brief narrative describing the nature of the applicant's business, with emphasis on its mailing-related functions and experience in this business.
2. A description of how the applicant plans to utilize DPV technology as part of its business or service offering.
3. Key Personnel list
4. Proposed Equipment/Software Product information

These items constitute the minimum information requirements. If applicants wish to provide additional information, they are welcome to do so. After review of the provided information, the USPS will notify the applicant in writing of the acceptance or rejection of its license application.

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**Key Personnel**

**LICENSING CONTACT:** (Primary contacts for licensing issues)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

**SITE CONTACT:** (Primary contacts for operational issues)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

**FULFILLMENT CONTACT:** (Primary contacts for product fulfillment)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

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**TECHNICAL CONTACT:** (Primary contacts for technical issues)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

**MARKETING CONTACT:** (Information to be posted on USPS PostalPro Website  YES  NO)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Company Web site: \_\_\_\_\_  
 Customer Service Email: \_\_\_\_\_  
 Customer Service Phone: \_\_\_\_\_

**BILLING CONTACT:** (Primary contacts for billing issues)

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_ -  
 Phone: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: ( ) - \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 1: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_  
 Alternate Contact 2: \_\_\_\_\_  
 Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

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**EQUIPMENT/SOFTWARE PRODUCT INFORMATION:**

Hardware and software used to create Interface:

Interface Software Vendor : \_\_\_\_\_

Interface Software Product Name : \_\_\_\_\_

Interface Software Product Version : \_\_\_\_\_

Address Matching ZIP+4 Product Name : \_\_\_\_\_

Address Matching ZIP+4 Product Version: \_\_\_\_\_

Address Matching ZIP+4 Systems: **PLEASE CHECK ONE:**

- Open System – Defined as having the ability to modify, adjust, or tweak the application in a manner that will affect the applications ZIP+4 matching decisions.
- Closed System – Defined as **NOT** having the ability to modify, adjust, or tweak the application in a manner that will affect the applications ZIP+4 matching selection or decisions.

**DPV Software options:**

- Integrated – Address Matching and DPV software are integrated into a single software package.
- Standalone – Address Matching and DPV software are separate software packages.

**Fulfillment Option:**

- FULL       SPLIT       BOTH
- HASH       FLAT       BOTH

Interface Hardware Vendor/Model/type: \_\_\_\_\_

Interface Hardware Operating System : \_\_\_\_\_

Note: Please mark any item as N/A if it is not applicable.

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Step 2- Interface.

**Stage I Interface Development**

A Stage I File will be issued along with an Interface Developer Guide (IDG) to prospective Licensees to facilitate their interface development. Sample code is available to assist in writing the interface. The interface must adhere to the requirements set forth in the Licensee Performance Requirements, with all footnotes, and security requirements.

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STEP 3- Testing

**DEMONSTRATION OF DPV TESTING**

Upon the applicant's request, the USPS will provide the applicant with DPV Stage II test addresses to be matched. The applicant shall demonstrate the capability of the applicant's DPV matching software to the satisfaction of the USPS.

The output from the applicant's matching process must (according to the matching criteria set forth in the Performance Requirements):

- (1) Standardize all test addresses that do match the test DPV, or ZIP + 4 Product File, provide the correct ZIP + 4 Code, delivery point values and provide correct footnote(s).
- (2) Identify the test addresses that do not match the test DPV file and those that do not match the test ZIP + 4 Product File and provide failure to match footnote(s).
- (3) Identify the address(es) that would cause the interface to invoke the "Stop DPV Processing" function

**THE OUTPUT FILES MUST BE RETURNED IN THE SAME MEDIA FORMAT AS THE MEDIA FORMAT REQUESTED BY THE APPLICANT FOR THE STAGE II TEST ADDRESS FILES.**

The USPS will evaluate the output and notify the applicant of the results. Applicants that meet the DPV matching quality requirements described in the performance requirement statement will be granted licenses.

Applicants shall be evaluated for accuracy of CASS assignments. For each test address correctly ZIP + 4 encoded by their CASS process, the applicant must correctly answer and provide all DPV elements with 100% accuracy.

**Note: The USPS shall not be obligated to pay any costs incurred in preparing any technical proposal, software development costs, or testing costs regardless of whether or not the USPS awards a DPV License to the applicant.**



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Step 4- License

### Execution of License

Upon successful completion of Step 4, an approval letter and a DPV License Agreement will be sent to the organization. **The DPV License Agreement must be signed by an officer who possesses all necessary legal authority to sign on behalf of the company, firm, or organization.** The signed, original agreement must then be returned to the USPS. Per the License Agreement:

**This Agreement constitutes the entire Agreement between USPS and Licensee concerning the subject matter thereof and supersedes all previous agreements and understandings. This Agreement may not be altered, amended, or modified except by a written instrument signed by authorized representatives of USPS and Licensee.**

Please note that the applicable payment must be received within 10 working days. Once the License is received, it will be forwarded for signature. At that time, a copy of the signed License Agreement will be sent to the Site Contact identified on the Key Personnel Form and the USPS will grant electronic access to the monthly product updates via Electronic Product Fulfillment.