**PCC Application** 

PCCs must complete this application form and send it to the National PCC Team via email to [PCC@usps.gov](mailto:PCC@usps.gov). Check the appropriate box and complete those sections pertaining to the action. A completed copy of this form also must be sent to the local Postal Service District Manager.

**□ New PCC □ PCC Name Change □ Postal/Industry Co-Chair Change**

**□ Administrator Change □ Inactive PCC □ Merge □ Dissolved PCC**

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**CHARTER**

**Name of PCC:**

Inception Date:

Name of District Manager:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KEY CONTACTS**

**PCC Postal Co-Chair:**

Address:

Phone #:

Email Address:

**PCC Industry Co-Chair:**

Title:

Company Name:

Address:

Phone #:

Email Address:

**PCC Postal Administrator:**

Title:

Address:

Phone #:

Email Address:

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**GENERAL MEMBERSHIP**

Initial Number of Executive Board Members:

Initial Number of General Members:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORM COMPLETED BY:**

Name:

Title:

Phone #:

Email Address:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEND COMPLETED FORM TO:**

**Send electronic copy to:**

* Assigned USPS HQ PCC Liaison
* [PCC@usps.gov](mailto:PCC@usps.gov)
* District Manager