



Z4CHANGE Order Form

Customer Information (Please print)

Company Official Contact Name	Email Address
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Company Name

Physical Address	Apt/Suite
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City	State	ZIP + 4 [®] Code
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Telephone Number (Include area code)	Fax Number (Include area code)
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Salesperson (your company)	Telephone Number (Include area code)	Salesperson Email Address
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Mailing Information (Please print)

Attention	Email Address
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Company Name

USPS Mailing Address	Apt/Suite
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City	State	ZIP + 4 Code
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Telephone Number (Include area code)	Fax Number (Include area code)
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Billing Address (If different from Customer and Mailing Information)

Mailing Address	Apt/Suite
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City	State	ZIP + 4 Code
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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
 RDI[™] Licensee
 Vendor/Service Bureau
 DSF^{2®} 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 Z4CHANGE 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 Z4CHANGE 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 The software used to process the Z4CHANGE Stage II file contains technology that disables access to outdated U.S. Postal Service data in accordance with DMM[®] 602.9.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 Z4CHANGE certification.

Z4CHANGE 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.

Company Official Contact Signature (<i>Signature Required</i>)	Date (<i>Date Required</i>)
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AGT Use Only

Customer Number	Date	PRDT Code
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Product Information

If the software has optional parameters, you MUST return a list of the parameters used to process the Z4CHANGE file with this form.

Z4CHANGE Software

Fill in all software information:

Product: _____

Version: _____

Configuration: _____

Platform: _____

Mail or Fax Completed Form To

Z4CHANGE CERTIFICATION
ADDRESSING & GEOSPATIAL TECHNOLOGY
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001

Telephone Number: 800-642-2914

Fax Number: 650-577-2509