Important Instructions for Your 1583 Form

- 1. Your 1583 form **must** be notarized to be legally valid (except for returning customers).
- 2. All persons on the 1583 must sign in box #16.
- 3. Box #8 must be filled with the ID numbers for 2 forms of identication for each person on the form.

Failure to follow these instructions will delay or prevent the processing of your 1583 form.

Additional note: Box #5 is *optional* and gives us permission specifically to sign for certified mail on your behalf. If certified mail comes for any name not signed in box #5, it will be returned to sender.

STEP-BY-STEP INSTRUCTIONS FOR POSTAL FORM 1583

BOX #1 Date.

BOX #2 Applicant name(s), including nicknames, maiden names, and/or middle names. An applicant and spouse need only fill out one form; however, any additional persons wanting to be on the account, such as another family member/

friend, must fill out a separate form. This box indicates to MyRVmail.com for whom to hold mail.

BOX #3 """Your new address from MyRVmail.com. If you are signing up by mail, leave this blank.

BOX #4 This is the company's corporate address.

BOX #5 Restricted Delivery mail includes mail that is certifed, such as mail that has to be signed. Signature of applicant

and/or spouse gives MyRVmail permission to sign for such mail.

BOX #6 Print your legal name.

BOX #7 Applicant's home address MUST be a physical address. NO PO BOX ADDRESSES. If you do have a PO BOX, use

the address that is on your driver's license and use your driver's license as one of the forms of ID required. Most applicants will be full-time RV-ers. If so, simply state that you live in your RV and supply the state in which it is registered and the license # of your RV and use your RV insurance as one of the forms of ID. Again, for applicants

with no physical address, a cell phone number will suffice in the telephone number field.

BOX #8 Document the two forms of ID for each person. Acceptable forms of ID are listed in the box. An example of

"identifying information" would be driver's license number. BOX #9-14 are for applicants who have a business and who would like to have business mail forwarded. If applicant has a business, a separate FORM 1583 must be filled

out. List names and ages of all minor children receiving mail at this address in Box #12.

BOX #9-14 are for applicants who have a business and who would like to have business mail forwarded. If applicant has'o qtg vj cp'qpg'business, a separate hqto '1583 must be filled out'hqt'gcej 'cf f khqpcngpvkv{. List names and ages of all minor children receiving mail at this'address'in Box #12.

Differences beginning with

BOX #2 Business name will go here. BOX #9 Name of business.

BOX #10 Business address.
BOX #11 Kind of business.

BOX #12 List all names from this business that wish to have mail forwarded.

BOX #13 List name(s) and title(s) of office.

BOX #14 List county and state and date of registration of business.

BOX #15 Notary signature and notary seal. Notary seal must be ORIGINAL, not photocopied.

BOX #16 Signature of applicant and/or spouse.

couple

United States Postal Service®		
Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse		1. Date
In consideration of delivery of my or our (firm) mail to the agent nam agent must not file a change of address order with the Postal Servic mail to another address is the responsibility of the addresses and the must be prepaid with new postage when redeposited in the mails; (i addresses to which the agency transfers mail; and (5) when any infi addresses to which the agency transfers mail; and (5) when any infi addresses to must file a revised application with the Commercial M.	e TM upon termination of the agency te agent; (3) all mail delivered to the 4) upon request the agent must pro- promation required on this form char	y relationships (2) the transfer of e agency whis authorization wide to the proce all
NOTE: The applicant must execute this form in duplicate in the pres The agent provides the original completed signed PS Form 1583 to the CMRA business location. The CMRA copy of PS Form PS 1583 designee) and the Postal Inspection Service. The addressee and th recording the Postal Inspection Service. The addressee and the recording relative to delivery of mail through an agent. Failure to or corrective action is taken.	the Postal Service and ret must at all times be availa- e agent agree to combly with	pee, or a dolic. pleted signs copy at if y the postmaster (or Postal Service rules and of mail from delivery until
This application may be subject to verification procedures by the Po at the home or business address listed in boxes 7 or 10, and that the	stal Service to co	olicani, ordes or conducts business
 Name in Which Applicant's Mail WII Be Received for Delivery to Agent. (Complete a separate PS Form 1593 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply 	SA TO N	PMB
to each spouse. Include dissimilar information for either spouse in appropriate	3b. City	3c. State 3d. ZIP + 4 ⁽⁸⁾
John & Katherine Smith	of vic	FL 32536
Applicant authorizes delivery to and in care of:	ation is extended to in	clude restricted delivery mail for the
a. Name	John Smith	Katherine Smith
My RV Mail, a. Address (No., street, apt./ste. no.)	John Simur	ramerine Sinti
Crestview FL 36	John Smith	Katherine Smith
John Smith & Katherine Smith	7a. Applicant Home Address (No., str. 4541 Lilydale	Ave
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying	7b. City Clearlake	7c. State 7d. ZIP + 4 12345
information. Subject to verification. B. US Passport #: 12345678	7e. Applicant Telephone Number (Inc.) (123) 456-7890	lude area code)
Driver's License DL # 12345678	9. Name of Firm or Corporation N/A or Leave	Blank
US Passport #: 12345678	10a. Business Address (No., street, a	e Blank
Driver's License DL # 12345678	10b. City	10c. State 10d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of	10e. Business Telephone Number (In	clude area code)
naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.	N/A or Leav	
 If applicant is a firm, name each member whose mail is to be delivered. (A of minors receiving mail at their delivery address.) 	Il names listed must have verifiable ide	ntification. A guardian must list the names
N/A or	Leave Blank	
13. If a CORPORATION, Give Names and Addresses of its Officers	If business name (corporation or to name of county and state, and date.)	trade name) has been registered, give te of registration.
N/A or Leave Blank	N/A or Leav	ve Blank
Warning: The furnishing of false or misleading information on this form or om imprisonment) and/or civil sanctions (including multiple damages and civil per		t in criminal sanctions (including fines and
15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or o	corporation, application must be signed
OTARY SIGNATURE & NOTARY SEAL	John Smith	Katherine Smith
PS Form 1583 , December 2004 (Page 1 of 2) (7530-01-000-9365)		This form on Internet at www.usps.com®

	Driver's License DL# 2345678	9: Name of Firm or Corporation Smith Family Fu 10a. Business Address (No., street, apt/ste.	<u>irniture</u>
	8. Two types of identification are required. One must of the addressee(s). Social Secure and a	7b. City Clearlake 7e. Applicant Telephone Number (Include and (123) 456-7890	7c. State 7d. ZIP + 4 MN 12345 se code)
	6. Name of Applicant John Smith	7s. Applicant Home Address (No., street, apt 4541 Lilydale Ave	
S	c. City Crestview d. State Crestview	h Family Furni	ture Smith Family Furniture
10	a. Name My RV Mail, Inc. b. Address (No.,	t no ath	John Smith
	John Smith Family Furniture 4. Applicant authorizes delivery to and in care of:	stvie	FL 32536 estricted delivery mail for the
	2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1593 for EACH applicant. Spouses may complete and sign one PS Form 1593. Two Items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate hor.)	3a.Address to be V V V N PN. 3b. City	3c, State 3d, ZIP + 4 [®]
	This application may be subject to verification procedures by the P at the home or business address listed in boxes 7 or 10, and that the	ne identification listed in box 8 is	resides aducts business
S	NOTE: The applicant must execute this form in duplicate in the pre The agent provides the original completed signed PS Form 1583 tr the CMRA business location. The CMRA copy of PS Form PS 158 designee) and the Postal Inspection Service. The addressee and the regulations relative to delivery of mail through an agent. Failure to corrective action is taken.	the Postal Service and retains a duplicate 3 must at all times be available for examin the agent agree to comply with all applicab	ation stmast
S	agent must not file a change of address order with the Postal Servi mail to another address is the responsibility of the addressee and t must be prepaid with new postage when redeposited in the mails; addresses to which the agency transfers mail; and (5) when any in addresses(6) must file a revised application with the Commercial N	ce [™] upon termination of the agency relati he agent; (3) all mail delivered to the ager 4) upon request the agent must provide to formation required on this form changes o	onship; (2) the transfer of icy under this authorization the Postal Service all

If applicant is a firm, name each member whose mail is to be of minors monitoring mail at their delivery address.)

Smith Family Furniture

John Smith, Owner/President

NOTARY SIGNATURE & NOTARY SEAL

PS Form 1583, December 2004 (Page 1 of 2) (7530-01-000-

John Smith

Clearlake,

Furniture making

Blue County, MN 3/04/07

ture of Applicant (If firm or corporation, applicar. Show title 1

John Smith

United States Postal Service®
Application for Delivery of Mail Through Agent

Application for Delivery of Mail Through Agent See Privacy Act Statement on Reverse		1. Date		
In consideration of delivery of my or our (firm) mail to the agent nar agent must not file a change of address order with the Postal Servimal to another address is the responsibility of the addresses and must be prepaid with new postage when redeposited in the mails; addresses to which the agency transfers mail; and (5) when any in addresses to which the agency transfers mail; and (5) when any in addresses to mail the provision addresses to the Commercial M.	ce™ upon termination of the agency he agent; (3) all mail delivered to the (4) upon request the agent must prov formation required on this form chan	relationship the transfer of agency this authorization vide costal ce all		
NOTE: The applicant must execute this form in duplicate in the pre The agent provides the original completed signed PS Form 1583 to the CMRA business location. The CMRA copy PS Form PS 158 designee) and the Postal Inspection Service. The addressee and the regulations relative to delivery of mail through an agent. Failure to corrective action is taken.	the Postal Service and retains a du 3 must at all times be availle for ex the agent agree to com	rized en y public. plicate con est de copy at xamination by estmaster (or policable Pestal Service rules and phololic all from delivery until		
This application may be subject to verification procedures by the P at the home or business address listed in boxes 7 or 10, and that the	ostal Service at the a	esides or conducts business		
 Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spousses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include disamilar information for either spouse in appropri 	3a.A., or Delivery (In V 85 N	clude PMB or # sign.) PMB		
John Smith	tvie	3c. State 3d. ZIP + 4 [®] FL 32536		
Applicant authorizes delivery to and in care of:	is a tion is extended to inc	clude restricted delivery mail for the		
a. Name	n Smith			
My RV Mail, Inc	an Sinti			
street, apt/ste. no.)				
c. City d. Ve. Zh	 			
Crestview 6. Name of Applicant	John Smith 7a. Applicant Home Address (No., stre	net ant/ste nol		
John Smit	4541 Lilydale A	lve		
8. Two types of identification retrieved in a photograph of the addressee(s). Soo in a photograph of the addressee(s). Soo in a photograph of the addressee(s). Soo	7b. City	7c. State 7d. ZIP + 4		
are unacceptable as iou ne age st write in identifying information. Subject to very success.	Clearlake 7e. Applicant Telephone Number (Incli	ude area code)		
a US Passport #: 078	(123) 456-7890			
Driver's License DL # 12345678	9: Name of Firm or Corporation N/A or Leave I	Blank		
b.	10a. Business Address (No., street, a	pt/ste. no)		
	N/A or Leave I	10c, State 10d, ZIP + 4		
Acceptable identification includes: valid driver's license or state non-driver's	,			
Acceptable identification includes: valid drivers license or state non-drivers identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of	10e. Business Telephone Number (Inc.	clude area code)		
naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your	11. Type of Business			
identification may be retained by agent for verification.	N/A or Leave	Rlank		
 If applicant is a firm, name each member whose mail is to be delivered. (a of minors receiving mail at their delivery address.) 	All names listed must have verifiable iden	tification. A guardian must list the name		
N/A	or Leave Blank			
13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or tr			
	name of county and state, and dat	e of registration.		
		vo Dlank		
N/A or Leave Blank	N/A or Lea			
N/A or Leave Blank Warning: The furnishing of false or misleading information on this form or on imprisonment) and/or civil sanctions (including multiple damages and civil pe	nission of material information may result			
Warning: The furnishing of false or misleading information on this form or on	nission of material information may result	in criminal sanctions (including fines and		

Please review the sample forms that have been included with these instructions.

IMPORTANT

Make sure you send in FORM 1583 for applicant. Additional forms may be printed from the home site www.MyRVmail.com.

Mail to MyRVmail.com the following:

□ Necessary notarized 1583 forms

Please allow up to 7 days to set-up membership. An e-mail confirmation will be sent once paper work is received.

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

Date		

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to ve business at the home or business ad						conducts
2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate			3a.Address to be Used for Delivery (Include PMB or # sign.) 5753 Hwy 85 N PMB			
box.)			3b. City Crestview		3c. State FL	3d. ZIP + 4 [®] 32536-9365
4. Applicant authorizes delivery to and in car	e of:		5. This authorization is exter undersigned(s):	nded to include res	tricted de	livery mail for the
a. Name MyRVmail						
b. Address (No., street, apt./ste. no.) 5753 Hwy 85 N						
c. City Crestview	d. State FL	e. ZIP + 4 32536-9365				
6. Name of Applicant		·	7a. Applicant Home Address	s (No., street, apt./s	ste. no)	
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying			7b. City	1	7c. State	7d. ZIP + 4
information. Subject to verification. a.	one made n		7e. Applicant Telephone Number (Include area code)			
			9. Name of Firm or Corporation			
b.			10a. Business Address (No., street, apt./ste. no)			
			10b. City		10c. State	10d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.			10e. Business Telephone N	umber <i>(Include are</i>	ea code)	
			11. Type of Business			
12. If applicant is a firm, name each member of minors receiving mail at their delivery		ail is to be delivered. (A	Il names listed must have veri	fiable identification.	A guardi	an must list the names
13. If a CORPORATION, Give Names and Addresses of Its Officers			14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.			
Warning: The furnishing of false or mislead imprisonment) and/or civil sanctions (includ				nay result in crimina	al sanctio	ns (including fines and
15. Signature of Agent/Notary Public			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)			

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date		

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

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to each spouse. Include dissimilar information for either spouse in appropriate box.)			3b. City Crestview	3c. State FL	3d. ZIP + 4 [®] 32536-9365
4. Applicant authorizes delivery to and in ca		5. This authorization is exter undersigned(s):	nded to include restricted de	elivery mail for the	
a. Name MyRVmail		-			
b. Address (No., street, apt./ste. no.) 5753 Hwy 85 N	1				
c. City Crestview	e. ZIP + 4 32536-9365				
6. Name of Applicant	1		7a. Applicant Home Address	s (No., street, apt./ste. no)	
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification. a.			7b. City	7c. State	7d. ZIP + 4
			7e. Applicant Telephone Number (Include area code) 9. Name of Firm or Corporation		
			10b. City	10c. State	10d. ZIP + 4
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.			10e. Business Telephone Number (Include area code)		
			11. Type of Business		
12. If applicant is a firm, name each member of minors receiving mail at their delivery		nail is to be delivered. (Al	I names listed must have verit	fiable identification. A guard	ian must list the names
13. If a CORPORATION, Give Names and A	of Its Officers	14. If business name (corpo name of county and stat	pration or trade name) has be te, and date of registration.	een registered, give	
Warning: The furnishing of false or mislead imprisonment) and/or civil sanctions (include				nay result in criminal sanctic	ons (including fines and
15. Signature of Agent/Notary Public			16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)		

Privacy Act Statement

"Privacy Act Statement: The collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee's mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain or provide information relevant to an agency decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; and for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons. Information concerning an individual who has filed an appropriate protected court order with the postmaster will not be disclosed in any of the above circumstances except pursuant to the order of a court of competent jurisdiction. Completion of this form is voluntary; however, without the information, the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender."