

Applying For Non Profit Rates Additional Mailing Office

You will require 3 Forms:

1. A letter on your organization letterhead requesting permission to mail at the Tucson Post Office with Innovative Mailing Services. Letter must be signed by an officer of the Non-Profit Organization
2. A copy of the original U.S Postal Service Authorization to mail at Non-Profit Rates.
3. Form 3623 Filled out as much as possible with Corporate Officer signature.

Information for Section 8 and Section 10 are listed below.

a. Section 8. Tucson, AZ 85726

b. Section 10. Rumaldo Moreno
 Innovative Mailing Services
 3177 E. 36th St
 Tucson, AZ 85713
 520-623-0551

Fax completed forms to Innovative Mailing Services attention Rumaldo Moreno
FAX # 520-622-4303

Application for Nonprofit Standard Mail Rates at Additional Mailing Office

Part 1 (For completion by applicant)

- Any organization currently authorized to mail at the Nonprofit Standard Mail rates at one Post Office™ may obtain authorization to mail at those rates at an additional mailing office (described in *Domestic Mail Manual (DMM®) 703.1.8*). Additional authorizations will be granted only to the organization holding the original authorization. A national organization may not obtain an additional mailing office authorization for mailings of its independent chapters.
- The organization name in item 1 must match the name of the authorized organization exactly. The applicant named in item 3 must be an official of the organization completing this form (not an agent).
- File a separate application for each post office (not a station or a branch) for which your organization wants additional authorizations.
- Attach a letter with this application showing the following:
 - An official letterhead.
 - Signature of an organization official.
 - Statement of request for authorization to mail at the Nonprofit Standard Mail rates at an additional mailing office.
- Submit the completed application to the postmaster at the post office where additional authorization is requested (item 8).

No application fee is required. Please be sure all information is complete. Please type or print legibly.

1. Complete Name of Organization	6. Post office where original Nonprofit Standard Mail authorization granted and on which this application is based (<i>City, state, ZIP Code™</i>)
2. Street Address of Organization (<i>Number, street, apartment or suite number, city, state, and ZIP+4®</i>)	7. Authorization number for original authorization, if known (<i>shown in upper right corner of your original office of mailing authorization letter</i>)
3. Name of Applicant (<i>Must represent applying organization</i>)	8. Post office (not a station or branch) where additional authorization is requested and bulk mailings will be made (<i>City, state, ZIP Code</i>)
4. Telephone Number (<i>Include area code</i>) ()	9. Estimated date of first mailing at additional mailing office
5. Is this organization exempt from federal income tax? If 'Yes,' indicate section of Internal Revenue Service (IRS) code under which it is exempt. <input type="checkbox"/> No <input type="checkbox"/> Yes 501(c)_____ Other _____	10. Name, address, contact person, and area code/telephone number of printer or agent who will present mailings to additional mailing office
<p><i>I certify that the statements made by me are true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).</i></p>	
11. Signature of Applicant	12. Title
	13. Date

Part 2 (For completion by postmaster at additional office when application filed)

<ul style="list-style-type: none"> ■ Be sure that the applicant has completed items 1 to 13 in part 1 and has attached the required letter. ■ If the original office of mailing authorization number is known and is shown in item 7, the postmaster should request authorization by calling the Pricing and Classification Service Center at one of the following numbers: <table style="margin-left: 20px; border: none;"> <tr> <td>Eastern, New York Metro, and Northeast Areas</td> <td>(212) 330-5360</td> </tr> <tr> <td>Cap Metro, Southeast, and Southwest Areas</td> <td>(212) 330-5361</td> </tr> <tr> <td>Great Lakes, Pacific and Western Areas</td> <td>(212) 330-5362</td> </tr> </table> ■ Retain applications approved by telephone at the post office. A copy of the authorization letter sent to the applicant will be sent to the postmaster. ■ Send applications not processed by telephone to: PRICING AND CLASSIFICATION SERVICE CENTER PO BOX 3623 NEW YORK NY 10008-3623 	Eastern, New York Metro, and Northeast Areas	(212) 330-5360	Cap Metro, Southeast, and Southwest Areas	(212) 330-5361	Great Lakes, Pacific and Western Areas	(212) 330-5362	1. <input type="checkbox"/> Check here if authorized by telephone and enter the additional mailing office authorization number issued by the Nonprofit Service Center. 2. Signature of Postmaster (<i>Or designated representative</i>) 3. Date Application Filed With Post Office (<i>Round stamp</i>)
Eastern, New York Metro, and Northeast Areas	(212) 330-5360						
Cap Metro, Southeast, and Southwest Areas	(212) 330-5361						
Great Lakes, Pacific and Western Areas	(212) 330-5362						