



# MASS™ Order Form

**Customer Information (Please print)**

Company Official Contact Name		Email Address	
Company Name			
Street Address, P.O. Box, Rural/Hwy Contract, or Route Number			Apt/Suite
City		State	ZIP + 4®
Telephone Number (Include area code)		Fax Number (Include area code)	
Company Salesperson	Telephone Number (Include area code)	Salesperson Email Address	

**Billing Address (If different from Customer Information)**

Street Address, P.O. Box, Rural/Hwy Contract, or Route Number			Apt/Suite
City		State	ZIP + 4®

**U.S. Postal Service® Representative Information**

Attention			
Street Address, P.O. Box, Rural/Hwy Contract, or Route Number			Apt/Suite
City		State	ZIP + 4®
Telephone Number (Include area code)		Fax Number (Include area code)	

**Equipment Information**

I request that my certification be maintained in US Postal Service documents and records as:

- Service Bureau   
 Mailer   
 Manufacturer  
 I do not wish to be listed in USPS pubs.

- All MLOCR machines connected to a *FASTforward*® black box **MUST** process the MASS test deck with *FASTforward* mode turned on. Check here if a *FASTforward* black box is installed and this machine is operating with *FASTforward* turned on.

If the matching software/hardware has optional parameters, you **MUST** return a list of the parameters used to process the MASS Stage II file with this form. You **MUST** return a hardcopy of PS Form 3553, *CASS Summary Report*, with the MASS test deck.

**User Acknowledgement Statement**

I hereby certify that all information on this application is accurate and correct. I also certify that the responses provided on the MASS certification test deck will be obtained using the same configuration as used in the processing of customer/client address files and that any modification to the products used to process this test will require retesting and recertification prior to use or release. The MASS test deck will be processed in-house with company-owned or leased software/hardware. I further certify that this address-matching product contains technology that disables access to outdated U.S. Postal Service® data as stated in the DMM 708.3.

**CASS™/MASS™ 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.**

Company Official Contact Signature	Date
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Return Order Form To	NCSC Use Only
MULTILINE ACCURACY SUPPORT SYSTEM NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001  Fax: 901-681-4440	Customer Number
	Date
	PRDT Code

**Note:** This page may be copied for multiple MLOCR systems. A completed form must be submitted for each MLOCR system.

**Type of Certification**

Indicate the type of certification requested.

<input type="checkbox"/> Annual Certification	<input type="checkbox"/> New Certification	<input type="checkbox"/> Moved/Relocated	<input type="checkbox"/> Upgraded	Installation date (Not required for annual certification.)
<input type="checkbox"/> Reassembled	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Hybrid/Conversion		

**Type of MASS Test**

Indicate the type of MASS test requested.

MLOCR     MLOCR with RVE     Encoder     RVE     LVE     Flat     4-State

**MLOCR**

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number	

**Encoding Stations**

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number*	

\* List all serial numbers for networked systems and indicate which one is the server.

**Remote/Local Video encoding Site Information**

Company Official Name

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Street Address, P.O. Box, Rural/Hwy Contract, or Route Number

Apt/Suite

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City

State    ZIP + 4®

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Telephone Number (Include area code)

Fax Number (Include area code)

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Software

Version    Configuration

**Equipment Information**

Image Capturing Equipment Manufacturer	Model Number	Serial Number	MASS ID
Barcoding Equipment Manufacturer	Model Number	Serial Number	MASS ID

MASS Certification Date (If applicable)

Hybrid Equipment Information Before Conversion

Equipment Manufacturer	Model Number	Serial Number
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**Change of Ownership**

Equipment Model Number	Serial Number	MASS ID
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Previous Owner's Name

Previous Owner's Address

*If the machine is not physically relocated, a new MASS certificate may be issued. If the machine is physically relocated, the customer must follow the machine relocation guidelines.*