

A. Program Information

Bulk proof of delivery provides mailers the opportunity to receive proof of delivery (delivery record) information in bulk. Participation is limited to mailers who use a Mailer ID in their labels or in an electronic file. Mailers previously registered with the Postal Service™ may use their existing Mailer ID. Customers not previously registered with the Postal Service will be assigned a Mailer ID. Mailers must complete a certification process and/or authorization process to participate. See Pub 80, *Bulk Proof of Delivery Program*, for general program details. See Pub 91 *Confirmation Services Technical Guide*, for certification details. The company/mail owner (not a third-party designee) must complete this form. See Page 2 for instructions on completion. Please print or type when completing this form.

B. Mailer Information

(Please print or type)

1. Company Name			7. Today's Date
2. Mailer ID			8. Point of Contact
3. Street Address (Number, street, suite, apt., etc.)			9. E-mail Address of Company Point of Contact
			10. Telephone Number and Extension
4. City	5. State	6. ZIP+4®	11. Fax Number/Vendor Software or Shipping System

C. Delivery Preferences and Methods

12. Delivery Preference		13. Electronic File Submission	
<input type="checkbox"/> Send Records to Third-Party Designee	<input type="checkbox"/> Send Records to Mailer	<input type="checkbox"/> Yes, by Mailer	<input type="checkbox"/> Yes, by Third-Party Designee <input type="checkbox"/> No
14. Are you currently certified to print your own labels or to send and/or receive files electronically with the Postal Service?			
<input type="checkbox"/> a. Yes, I am certified to print my own labels and/or send my own electronic files (if applicable). <input type="checkbox"/> b. No, a third-party designee prints my labels and/or sends my electronic files (if applicable). If you selected option 14b, or if you selected the third-party designee option in item 12, provide the information on your third-party designee below.			
_____ (Third-party Designee Company Name)	_____ (Third-party Designee Fax Number)	_____ (Third-party Designee Mailer ID*)	*This number must be different than your Mailer ID, which must be listed in Section B, above.
_____ (Third-party Contact Name)	_____ (Third-party Telephone Number)		

15. Mailers with more than one Mailer ID or mailing location may wish to consolidate all proof of delivery records into one signature extract file or CD-ROM. If you are interested in this feature, please complete this section. Use an extra form/attachment if necessary.

I want records for the Mailer ID listed below consolidated into the Mailer ID listed in Item 2 above:

16a. Method of Record Delivery (EDI is not available at this time.)	16b. Record Grouping
<input type="checkbox"/> CD-ROM <input type="checkbox"/> Signature Extract file [via File Transfer Protocol (FTP)]	<input type="checkbox"/> Individual Records <input type="checkbox"/> Combined Records (default)
17. Express Mail and/or Special Services (* Users must pay additional fees for each record for the four services indicated. See Pub 80 for details.)	
<input type="checkbox"/> Express Mail® (manifest mailers only)	<input type="checkbox"/> *Certified Mail™
<input type="checkbox"/> Signature Confirmation™ Service	<input type="checkbox"/> *COD Mail
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Restricted Delivery
<input type="checkbox"/> *Insured Mail	<input type="checkbox"/> *Registered Mail™

18. Payment Methods (Select payment method a or b. For additional information, see instructions for item 18 on Page 2 of this form.)

a. Pay at Mailing Meter PC Postage

b. Pay as Complied Credit Card (Must complete PS Form 5054, BPOD Payment Authorization)

D. Application Submission Process

19. Fax, scan, or mail completed form to: CONFIRMATION SERVICES SUPPORT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PARKWAY SUITE 201 MEMPHIS TN 38188-0001 Fax Number: 901-821-6244 DELIVERY.CONFIRMATION@USPS.GOV	Questions about completing this form? Call Confirmation Services Support at 877-264-9693, Option 1.
	20. Notes/Comments: (Use an attachment if necessary.)
	21. Requestor's Signature

E. Completed by Postal Service Representative

22. Name and Title	23. Phone Number and Extension	24. Area and District

Instructions for completing PS Form 5053

Items 1–8 contain information on the company that owns the mail and the corresponding proof of delivery records. That company (referred to as the mailer) must complete this application. A third-party designee (such as a consolidator or vendor) cannot complete it for the mailer.

- Item 1: Insert the name of your company (this must be the company that owns the mail).
- Item 2: Obtain a Mailer ID (MID) via the Business Customer Gateway. Go to <http://www.usps.com> and select the Business Customer Gateway located on the bottom right-hand corner of the web page. The mailer must logon as an existing user or register for a business account as a new user to gain access to the Business Customer Gateway and request the Mailer ID service. Once the mailer has access to the Mailer ID System, the Mailer will select the "Mailer ID" link to obtain a MID.
- Item 3: Complete your company street address.
- Item 4: City
- Item 5: Use the appropriate two-letter abbreviation for your state, e.g., use "MD" for Maryland.
- Item 6: ZIP+4
- Item 7: Insert the date you are completing/submitting the application.
- Item 8: Provide the name of the person in your company who will be the main point of contact for this program.

Items 9-16 contain information on your delivery preference, if you will be submitting electronic files, certification issues, method of delivery, service types being used, and payment methods. Follow these instructions for completion to avoid delays in processing your application.

- Item 9: Provide the e-mail address of your company contact person.
 - Item 10: Provide the telephone number and extension of your company contact person.
 - Item 11: Provide the fax number of your company contact person. Provide vendor software or shipping system name as appropriate.
 - Item 12: Indicate if you would like your proof of delivery records sent to you or to a third-party designee (consolidator/vendor). Please indicate your preference in this section. Note: Third-party designees are eligible to receive proof of delivery information if authorized by the mailer. If you use a third-party designee for mailing services, proof of delivery information may be sent to you or your designee. If you select a third-party designee to receive your proof of delivery records, this form serves as your official authorization allowing the Postal Service to provide all your proof of delivery records to this third party.
 - Item 13: All customers mailing electronic option Signature Confirmation service or those choosing the Pay at Mailing method are required to submit electronic files. Indicate if you or your third-party designee will be submitting an electronic file on a regular basis.
 - Item 14: Indicate if you print your own labels and/or send your own files or if you use a third-party designee to print your labels and/or send your files. If you select option 14, you must provide your third-party designee company name, fax number, Mailer ID, contact name, and phone number. Note: If a third-party designee submits electronic files, your third-party designee must place your Mailer ID in the label number itself or the Client Mailer ID field of the electronic file for the Postal Service to compile and provide your proof of delivery records.
 - Item 15: If your company has existing multiple Mailer IDs that you want to compile into one file, please specify your preference in this section. This can be used if you are certified to print your own labels and/or send your own electronic files or if you are using a third-party designee to print your labels and/or send your electronic files.
 - Item 16a: Designate your preferred method of record delivery. Choose either CD-ROM (compiled the 1st and the 15th of the month) or signature extract file (compiled every Monday). Choose only one option. If you choose the signature extract file option, you must participate in the electronic file submission process. See Publication 91, *Confirmation Services Technical Guide*, for information on sending and retrieving files.
 - Item 16b: Designate the preferred method for receiving records. Choose to receive records combined into a single PDF file (with up to 1000 records per file) or records that are individual, meaning that each PDF file contains one record. The individual records option includes no table of contents and all individual records will be compressed using file extension "tar" if your company uses different, existing Mailer IDs for different services, then complete a separate PS Form 5053 for each service and existing Mailer ID number.
 - Item 17: Indicate whether you will be using Express Mail and/or any special service. Check each box for which you require records. If your company uses different existing Mailer IDs for different services, then complete a separate form for each service and existing Mailer ID.
 - Item 18: Specify your preferred payment method. Mailers can pay at the time of mailing (Pay at Mailing) with postage meters or PC Postage[®] or pay by credit card at the time the Postal Service compiles the proof of delivery records (Pay as Compiled). For the Pay at Mailing option, an electronic file is required. If you are using Express Mail or Signature Confirmation service, a payment method is not applicable (these records are provided for no additional fee). If you pay by credit card, you must complete PS Form 5054, *Bulk Proof of Delivery Payment Authorization*.
 - Item 19: Fax or mail completed form as indicated.
 - Item 20: Provide any notes or comments.
 - Item 21: The point of contact listed in item 8 must sign the form here.
- Items 22-24 are reserved for use by the Postal Service.