

The undersigned authorized representative of *(mail owner)* _____ hereby acknowledges that to qualify for First Class Mail Discounted Rates the mail must meet the MoveUpdate standards in *Domestic Mail Manual* E130.3 and E140.1, and certifies that:

The addresses on all First-Class Mail submitted to *(mail preparer)* _____ for mailing at discounted rates have been updated within 180 days of the date the mail is submitted to the Postal Service using the following approved address updating process.

CHECK ALL THAT APPLY:

- National Change of Address (NCOA)
- Address Change Service (ACS)
- Appropriate ancillary service endorsement *(Including appropriate address record corrections)*
- FASTforward*™ MLOCR via an agreement with *(mail preparer)* _____ or a licensee who has a *FASTforward* license to process addresses before mailing using *FASTforward* Mailing List Correction
- A National Customer Support Center (NCSC) approved alternate method available to mailers who
- (a) are subject to statutory or regulatory restrictions that prohibit changing customer addresses without direct notification from the addressee or a prohibition on the release of address information; or
- (b) have an address correction process that effectively produces a Move Update accuracy of a least 99% as measured against the Postal Service's Change-of-Address (COA) data. (Attach copy of NCSC Approval for either alternative.)

The undersigned acknowledges and agrees that the *(mail owner)* _____ will be liable for and will pay, subject to appeals described by postal laws and regulations, any revenue deficiency assessed on discounted First-Class Mail submitted directly to the USPS or indirectly through a mailing agent.

(Mail owner) _____ agrees to submit an updated Form 6014 to the mail preparer if any information provided on this form changes.

I hereby certify on behalf of *(mail owner)* _____ that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Printed Name of Signer: _____

Signature: _____

Title: _____

Company Name: _____ Date: _____

Telephone Number: _____