



The undersigned authorized representative of (mail owner) _____ hereby acknowledges that mail must meet the Move Update standards in order to qualify for First-Class Mail® Discounted Prices or for Standard Mail® Discounted Prices. The standards for First-Class Mail are set forth in the DMM® 233, 333 and 433, and the standards for Standard Mail are set forth in DMM 243, 343 and 443. The undersigned certifies:

The addresses on all First-Class Mail and Standard Mail submitted to (mail preparer) _____ for mailing at discounted prices have been updated within 95 days of the date the mail is submitted to the Postal Service™ using the following approved address updating process.

CHECK ALL THAT APPLY:

- NCOALink® product
- One Code ACS™/ ACS™ product
- Appropriate ancillary service endorsement (Including appropriate address record corrections)
- FASTforward® MLOCR via an agreement with (mail preparer) _____
- A National Customer Support Center (NCSC) approved alternate method available to **First-Class Mail** mailers only 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 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 or discounted Standard Mail submitted directly to the USPS® or indirectly through a mailing agent.

(Mail owner) _____ agrees to submit an updated PS 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: _____

NOTE: This form is valid for up to one year from date signed. This form must be made available to the USPS by mail owner or mail preparer on 24 hours notice.