

The undersigned authorized representative of (*mail owner*) _____ hereby acknowledges that to qualify for First-Class Mail® Discounted Rates the mail must meet the Move Update standards in *Domestic Mail Manual* 223, 333 and 433 and certifies that:

The addresses on all First-Class Mail submitted to (*mail preparer*) _____ for mailing at discounted rates have been updated within 185 days of the date the mail is submitted to the Postal Service™ using the following approved address updating process.

CHECK ALL THAT APPLY:

- NCOA^{Link}™
- Address Change Service (ACS)
- 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 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 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 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: _____