

## Appendix B: Application Forms

### ***PostalOne!* Assignment Support System Mailer Application**

**Mailer Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Branch/Division:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP+4:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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## Contact Information

For more information about PASS Certification, ask your National Account Manager, Business Center, or contact:

*PostalOne!* - MEI  
UNITED STATES POSTAL SERVICE  
1735 NORTH LYNN STREET, SUITE 3015  
ARLINGTON, VIRGINIA 22209  
703-292-3660