



POSTAL FORM 1583 INSTRUCTIONS

To make sure your mail is accepted correctly, please fill out two copies of United States Postal Service Form 1583, "Application for Delivery of Mail Through Agent." Please fill it out per the following instructions and sample page and email or mail it back to us along with two copies of two forms of your ID (at least one with a picture, see Box 8 for examples) to:



Americas Mailbox, Inc.
514 Americas Way
Box Elder, SD 57719-7600

If you need more than the form attached, you can either photocopy it, get another one from https://americasmailbox.com/source/1583_with_instructions_1.pdf - or ask us to fax or e-mail one to you.

Please fill in all of the boxes on the form. **Please note that filling out this form does NOT notify the postal service to forward your mail...it only gives us permission to accept your mail. Only you can notify the USPS and only following our sample.**

1. Fill in today's date.
2. Husband and wife can fill out one form jointly, but must have at least one piece of ID that is separate for each one. List all names by which you receive mail. Example: nicknames, maiden names, middle names. If you are not married, each person must fill out a separate form. **If you receive mail for another person, list their names separately and send a copy of the Power of Attorney that allows you to accept their mail and act on their behalf.**
3. Please do not write in this block. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in if you are receiving this information by U.S. mail, or we will fill it in for you.
5. **Signature(s) must be the same as in box 16.**
6. **Print** your legal name(s) as they appear in boxes 5 and 16.
7. If you have a home base (other than your vehicle), your physical address goes here (it CANNOT be a Post Office Box number). If you have no home base and do not live in your vehicle, please enter your most current address where you receive mail. If you live in your vehicle, indicate that, give the state in which it is registered and the license plate number. **If you do not have a license plate number, you must list your most current mailing address. The information in this box is NOT used to change your address with the post office—you must do that yourself after you receive your unique number and welcome pack instructions from us.**
8. You may use any current, valid picture ID from any state, such as a driver's license. The second form of ID must show a number and your name. Examples of acceptable ID you may use: valid driver's license or state non-driver's identification card; armed forces, government, university or recognized corporate identification card; valid passport or alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. **Social Security cards, credit/debit cards, and birth certificates are unacceptable.** Please remember to list the type of ID used for each form of identification. Each person listed in Box 2 (and Box 12 if applicable) must have two forms listed. You must send clear photocopies of all identification used showing the number and name.
9. Blocks 9 through 14 only need to be filled out if you will be receiving mail addressed to a business or a name other than your own. If not, please enter NA in each block. If you do wish to receive mail addressed to a business or a name other than your own, follow these instructions:
 - Box 9: Name of company
 - Box 10: Legal business address of your company. If you have no business address, list home address from Box 7 again. If business is run from vehicle by full-time RVer, trucker, or boater, repeat the information given in Box 7.
 - Box 11: Kind of business.
 - Box 12: Your name. Additional names (**minor children, deceased parents/spouses**) required (see instructions for Box 8).
 - Boxes 13 and 14: Do not leave blank. If these do not apply, write "N/A"
15. **You do NOT need to have the 1583 notarized. Leave this blank.** Our manager will sign after verifying your ID.
16. **Please make certain you have signed your legal name(s) for both parties on this line. This form must be filled out completely. Return to Americas Mailbox with clear photocopies of your current identification. You may scan and email the signed document to us**

Thank you for your cooperation.

Sample Page

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

Insert Today's Date

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addressees to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent. (Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)		3a. Address to be Used for Delivery (Include PMB or # sign.) PMB # (To Be Assigned) 514 Americas Way		
Insert Names Here — Read Instructions #2 Above		3b. City Box Elder	3c. State SD	3d. ZIP + 4® 57719-7600
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name Americas Mailbox, Inc.		You Must Sign ALL Name(s) Here		
b. Address (No., street, apt./ste. no.) 514 Americas Way				
c. City Box Elder	d. State SD			
6. Name of Applicant Insert Name Here — Same Instructions as #2 Above		7a. Applicant Home Address (No., street, apt./ste. no.) See #7 On The Instruction Sheet		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State	7d. ZIP + 4
a. We need two forms of ID for each person		7e. Applicant Telephone Number (include area code)		
b. See below for what is acceptable identification		9. Name of Firm or Corporation If Needed		
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10a. Business Address (No., street, apt./ste. no.) If Needed		
		10b. City If Needed	10c. State	10d. ZIP + 4
		10e. Business Telephone Number (include area code) If Needed		
		11. Type of Business If Needed		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) If Needed for minor children or deceased parents/spouses		13. If a CORPORATION, Give Names and Addresses of its Officers If Needed or Not Applicable (N/A)		
14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. If Needed or Not Applicable (N/A)		15. Signature of Agent/Notary Public This is <u>NOT</u> needed/Waived by Postal Service		
15. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) You must SIGN ALL Name(s) Here		16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.) You must SIGN ALL Name(s) Here		

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See Privacy Act Statement on Reverse

1. Date

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		514 Americas Way PMB			
		3b. City Box Elder	3c. State SD	3d. ZIP + 4® 57719-7600	
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):			
a. Name Americas Mailbox Inc		X			
b. Address <i>(No., street, apt./ste. no.)</i> 514 Americas Way		X			
c. City Box Elder	d. State SD	e. ZIP + 4 57719-7600			
6. Name of Applicant		7a. Applicant Home Address <i>(No., street, apt./ste. no)</i>			
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City		7c. State	7d. ZIP + 4
a.		7e. Applicant Telephone Number <i>(Include area code)</i>			
b.		9. Name of Firm or Corporation			
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10a. Business Address <i>(No., street, apt./ste. no)</i>			
		10b. City	10c. State AL	10d. ZIP + 4	
		10e. Business Telephone Number <i>(Include area code)</i>			
		11. Type of Business			
12. If applicant is a firm, name each member whose mail is to be delivered. <i>(All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)</i>		14. If business name <i>(corporation or trade name)</i> has been registered, give name of county and state, and date of registration.			
13. If a CORPORATION, Give Names and Addresses of Its Officers					

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public	16. Signature of Applicant <i>(If firm or corporation, application must be signed by officer. Show title.)</i>
	X



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Please fill in all of the boxes on the form. **Please note that filling out this form does NOT notify the postal service to forward your mail...it only gives us permission to accept your mail. Only you can notify the USPS and only following our sample.**

1. Fill in today's date.
2. Husband and wife can fill out one form jointly, but must have at least one piece of ID that is separate for each one. List all names by which you receive mail. Example: nicknames, maiden names, middle names. If you are not married, each person must fill out a separate form. **If you receive mail for another person, list their names separately and send a copy of the Power of Attorney that allows you to accept their mail and act on their behalf.**
3. Please do not write in this block. We will fill it in after your application has been processed and your new address assigned.
4. This section will already be filled in if you are receiving this information by U.S. mail, or we will fill it in for you.
5. **Signature(s) must be the same as in box 16.**
6. **Print** your legal name(s) as they appear in boxes 5 and 16.
7. If you have a home base (other than your vehicle), your physical address goes here (it CANNOT be a Post Office Box number). If you have no home base and do not live in your vehicle, please enter your most current address where you receive mail. If you live in your vehicle, indicate that, give the state in which it is registered and the license plate number. **If you do not have a license plate number, you must list your most current mailing address. The information in this box is NOT used to change your address with the post office—you must do that yourself after you receive your unique number and welcome pack instructions from us.**
8. You may use any current, valid picture ID from any state, such as a driver's license. The second form of ID must show a number and your name. Examples of acceptable ID you may use: valid driver's license or state non-driver's identification card; armed forces, government, university or recognized corporate identification card; valid passport or alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. **Social Security cards, credit/debit cards, and birth certificates are unacceptable.** Please remember to list the type of ID used for each form of identification. Each person listed in Box 2 (and Box 12 if applicable) must have two forms listed. You must send clear photocopies of all identification used showing the number and name.
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 - Box 9: Name of company
 - Box 10: Legal business address of your company. If you have no business address, list home address from Box 7 again. If business is run from vehicle by full-time RVer, trucker, or boater, repeat the information given in Box 7.
 - Box 11: Kind of business.
 - Box 12: Your name. Additional names (**minor children, deceased parents/spouses**) required (see instructions for Box 8).
 - Boxes 13 and 14: Do not leave blank. If these do not apply, write "N/A"
15. **You do NOT need to have the 1583 notarized. Leave this blank.** Our manager will sign after verifying your ID.
16. **Please make certain you have signed your legal name(s) for both parties on this line. This form must be filled out completely. Return to Americas Mailbox with clear photocopies of your current identification. You may scan and email the signed document to us**

Thank you for your cooperation.

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Insert Today's Date

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Insert Names Here — Read Instructions #2 Above		3b. City Box Elder	3c. State SD	3d. ZIP + 4® 57719-7600
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):		
a. Name Americas Mailbox, Inc.		You Must Sign ALL Name(s) Here		
b. Address (No., street, apt./ste. no.) 514 Americas Way				
c. City Box Elder	d. State SD			
6. Name of Applicant Insert Name Here — Same Instructions as #2 Above		7a. Applicant Home Address (No., street, apt./ste. no.) See #7 On The Instruction Sheet		
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City	7c. State	7d. ZIP + 4
a. We need two forms of ID for each person		7e. Applicant Telephone Number (include area code)		
b. See below for what is acceptable identification		9. Name of Firm or Corporation If Needed		
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10a. Business Address (No., street, apt./ste. no.) If Needed		
		10b. City If Needed	10c. State	10d. ZIP + 4
		10e. Business Telephone Number (include area code) If Needed		
		11. Type of Business If Needed		
12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.) If Needed for minor children or deceased parents/spouses				
13. If a CORPORATION, Give Names and Addresses of its Officers If Needed or Not Applicable (N/A)		14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration. If Needed or Not Applicable (N/A)		
15. Signature of Agent/Notary Public This is <u>NOT</u> needed/Waived by Postal Service		16. Signature of Applicant (if firm or corporation, application must be signed by officer. Show title.) You must SIGN ALL Name(s) Here		

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

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		514 Americas Way PMB			
		3b. City Box Elder	3c. State SD	3d. ZIP + 4® 57719-7600	
4. Applicant authorizes delivery to and in care of:		5. This authorization is extended to include restricted delivery mail for the undersigned(s):			
a. Name Americas Mailbox Inc		X			
b. Address <i>(No., street, apt./ste. no.)</i> 514 Americas Way		X			
c. City Box Elder	d. State SD	e. ZIP + 4 57719-7600			
6. Name of Applicant		7a. Applicant Home Address <i>(No., street, apt./ste. no)</i>			
8. Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.		7b. City		7c. State	7d. ZIP + 4
a.		7e. Applicant Telephone Number <i>(Include area code)</i>			
b.		9. Name of Firm or Corporation			
Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.		10a. Business Address <i>(No., street, apt./ste. no)</i>			
		10b. City	10c. State AL	10d. ZIP + 4	
		10e. Business Telephone Number <i>(Include area code)</i>			
		11. Type of Business			
12. If applicant is a firm, name each member whose mail is to be delivered. <i>(All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)</i>		14. If business name <i>(corporation or trade name)</i> has been registered, give name of county and state, and date of registration.			
13. If a CORPORATION, Give Names and Addresses of Its Officers					

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public	16. Signature of Applicant <i>(If firm or corporation, application must be signed by officer. Show title.)</i>
	X