## United States Postal Service®

## **Application for Delivery of Mail Through Agent**

See Privacy Act Statement on Reverse

1. 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 addresses 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 procedul business at the home or business address listed in box	,				conducts	
2. Name in Which Applicant's Mail Will Be Received for Delivery (Complete a separate PS Form 1583 for EACH applicant. Spous	ses may	3a.Address to be Used for Delivery (Include PMB or # sign.) 7630 NW 25 St Ste 2B				
complete and sign one PS Form 1583. Two items of valid identit to each spouse. Include dissimilar information for either spouse						
box.)	т арргорпасс	3b. City	3c. State 3d. ZIP + 4®			
		Miami		FL	33122-1728	
Applicant authorizes delivery to and in care of:		This authorization is extended to include restricted delivery mail for the undersigned(s):				
a. Name						
Casillero y Envios Miami LLC dba Coordinadora USA						
b. Address (No., street, apt./ste. no.) 7630 NW 25 St Ste 2B						
c. City d. State e. ZIP + 4	4					
Miami FL 331	22-1728					
6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no)					
8.Two types of identification are required. One must contain a pthe addressee(s). Social Security cards, credit cards, and birth	7b. City		7c. State 7	7d. ZIP + 4 N.A.		
are unacceptable as identification. The agent must write in ide information. Subject to verification.  a.	7e. Applicant Telephone Number (Include area code) +57					
u.	9. Name of Firm or Corporation					
b.	10a. Business Address (No., street, apt./ste. no)					
	10b. City 10c. State 10d. ZIP + 4					
				N.A.	N.A.	
Acceptable identification includes: valid driver's license or state identification card; armed forces, government, university, or rec		10e. Business Telephone Number (Include area code)				
corporate identification card; passport, alien registration card or	certificate of	+57				
naturalization; current lease, mortgage or Deed of Trust; voter or registration card; or a home or vehicle insurance policy. A photo	or vehicle	11. Type of Business				
identification may be retained by agent for verification.	ocopy or your					
<ol> <li>If applicant is a firm, name each member whose mail is to be of minors receiving mail at their delivery address.)</li> </ol>	oe delivered. (A	All names listed must have ven	ifiable identificat	ion. A guar	dian must list the names	
13. If a CORPORATION, Give Names and Addresses of Its Offi	cers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.				
Warning: The furnishing of false or misleading information on the imprisonment) and/or civil sanctions (including multiple damage			nay result in crin	ninal sancti	ons (including fines and	
15. Signature of Agent/Notary Public		16. Signature of Applicant (If by officer. Show title.)	firm or corporati	ion, applica	tion must be signed	

