



# MASS™ Order Form

## Customer Information (Please print)

Company Official Contact Name		Email Address	
Company Name			
Street Address, P.O. Box, Rural/Hwy Contract, or Route Number		<input type="checkbox"/> New Facility	Apt/Suite
City	State	ZIP + 4® Code	
Telephone Number (Include area code)		Fax Number (Include area code)	
Company Salesperson	Telephone Number (Include area code)	Salesperson Email Address	

## Billing Address (If different from Customer Information)

Street Address, P.O. Box, Rural/Hwy Contract, or Route Number		<input type="checkbox"/> Moved	<input type="checkbox"/> New Facility	Apt/Suite
City	State	ZIP + 4		

I request that my certification be maintained in U.S. Postal Service® documents and records as:

- ☐ Service Bureau    ☐ Mailer    ☐ Manufacturer  
☐ I do not wish to be listed in U.S. Postal Service pubs.

## Equipment Information

All MLOC machines connected to an MPE or Cloud MPE system MUST process the MASS test deck with MPE mode turned on.

Check here if this machine is connected to an MPE server.    ☐ MPE

Check here if this machine uses a Cloud-based solution.    ☐ Cloud

Is this machine capable of reading an Address Block IMb?    ☐ yes    ☐ no

Is this machine capable of printing a LACS<sup>Link®</sup> converted address and Suite<sup>Link®</sup> appended address?    ☐ yes    ☐ no

## User Acknowledgement Statement

I hereby certify that all information on this application is accurate and correct. I also certify that the responses provided on the MASS certification test deck will be obtained using the same configuration as used in the processing of customer/client address files and that any modification to the products used to process this test will require retesting and recertification prior to use or release. The MASS test deck will be processed in-house with company-owned or leased software/hardware. I further certify that this address-matching product contains technology that disables access to outdated U.S. Postal Service data as stated in the DMM® 708.3.

**CASS/MASS certification scores are confidential information and the applicant agrees not to disclose scores achieved on their passing test for the purpose of marketing their software or hardware product.**

Company Official Contact Signature	Date
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<b>Return Order Form To</b>	<b>NCSC Use Only</b>
MASS DEPARTMENT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 225 N HUMPHREYS BLVD STE 501 MEMPHIS TN 38188-1001 Phone: 800-642-2914    Fax: 650-577-2509	Customer Number  Date  PRDT Code

**Note:** This page may be copied for multiple MLOCR systems. A completed form must be submitted for each MLOCR system.

### Type of MASS™ Test

Indicate the type of MASS test requested.

☐ MLOCR      ☐ Encoder      ☐ Flats

### Type of Certification

Indicate the type of certification requested.

☐ Renewal Certification      ☐ New Certification      ☐ Moved/Relocated      ☐ Upgraded  
☐ Reassembled      ☐ Demonstration      ☐ Hybrid/Conversion

Installation date (*Not required for annual certification.*)

If this new certification involves removing an existing MASS machine, list the machine(s) being removed below:


### MLOCR

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number	

### Encoding Stations

Software Product	Version Number	Configuration	MASS ID
Equipment Manufacturer	Model Number	Serial Number*	

*\* List all serial numbers for networked systems and indicate which one is the server (4 stations for test deck).*

### Change of Ownership

Equipment Model Number	Serial Number	MASS ID
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Previous Owner's Name

Previous Owner's Address

*If the machine is not physically relocated, a new MASS certificate may be issued. If the machine is physically relocated, the customer must follow the machine relocation guidelines.*