

# Important Instructions for Your 1583 Form

1. Your 1583 form **must** be notarized to be legally valid (except for returning customers).
2. All persons on the 1583 must sign in box #16.
3. Box #8 must be filled with the ID numbers for 2 forms of identification for each person on the form.

**Failure to follow these instructions will delay or prevent the processing of your 1583 form.**

**Additional note:** Box #5 is *optional* and gives us permission specifically to sign for certified mail on your behalf. If certified mail comes for any name not signed in box #5, it will be returned to sender.

**STEP -BY-STEP INSTRUCTIONS FOR POSTAL FORM 1583**

- BOX #1** Date.
- BOX #2** Applicant name(s), including nicknames, maiden names, and/or middle names. An applicant and spouse need only fill out one form; however, any additional persons wanting to be on the account, such as another family member/ friend, must fill out a separate form. This box indicates to MyRVmail.com for whom to hold mail.
- BOX #3** \*\*\*\*\*Your new address from MyRVmail.com. If you are signing up by mail, leave this blank.
- BOX #4** This is the company’s corporate address.
- BOX #5** Restricted Delivery mail includes mail that is certified, such as mail that has to be signed. Signature of applicant and/or spouse gives MyRVmail permission to sign for such mail.
- BOX #6** Print your legal name.
- BOX #7** Applicant’s home address MUST be a physical address. NO PO BOX ADDRESSES. If you do have a PO BOX, use the address that is on your driver’s license and use your driver’s license as one of the forms of ID required. Most applicants will be full-time RV-ers. If so, simply state that you live in your RV and supply the state in which it is registered and the license # of your RV and use your RV insurance as one of the forms of ID. Again, for applicants with no physical address, a cell phone number will suffice in the telephone number field.
- BOX #8** Document the two forms of ID for each person. Acceptable forms of ID are listed in the box. An example of “identifying information” would be driver’s license number. BOX #9-14 are for applicants who have a business and who would like to have business mail forwarded. If applicant has a business, a separate FORM 1583 must be filled out. List names and ages of all minor children receiving mail at this address in Box #12.
- BOX #9-14 are for applicants who have a business and who would like to have business mail forwarded. If applicant has a business, a separate form 1583 must be filled out for each business. List names and ages of all minor children receiving mail at this address in Box #12.**
- Differences beginning with
- |                |   |
|----------------|---|
| <b>BOX #2</b>  | Business name will go here.   |
| <b>BOX #9</b>  | Name of business.   |
| <b>BOX #10</b> | Business address.   |
| <b>BOX #11</b> | Kind of business.   |
| <b>BOX #12</b> | List all names from this business that wish to have mail forwarded. |
| <b>BOX #13</b> | List name(s) and title(s) of office.                                |
| <b>BOX #14</b> | List county and state and date of registration of business.         |
- BOX #15** Notary signature and notary seal. Notary seal must be ORIGINAL, not photocopied.
- BOX #16** Signature of applicant and/or spouse.

couple

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 redelivered 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 public official. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate copy and a copy at the CMRA business location. The CMRA copy of PS Form 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 (No., street, apt./ste. no.)  
5753 My RV Mail, Inc. N PMB

3b. City  
Crestview FL 32536

3c. State [3d. ZIP + 4®]  
FL 32536

4. Applicant authorizes delivery to and in care of:

a. Name  
John Smith Katherine Smith

b. Address (No., street, apt./ste. no.)  
John Smith Katherine Smith

c. City  
Crestview FL 32536

6. Name of Applicant  
John Smith & Katherine Smith

7a. Applicant Home Address (No., street, apt./ste. no.)  
4541 Lilydale Ave

7b. City  
Clearlake MN 12345

7c. State [7d. ZIP + 4®]  
MN 12345

7e. Applicant Telephone Number (include area code)  
(123) 456-7890

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.

a. US Passport #: 12345678  
Driver's License DL #: 12345678

b. US Passport #: 12345678  
Driver's License DL #: 12345678

9. Name of Firm or Corporation  
N/A or Leave Blank

10a. Business Address (No., street, apt./ste. no.)  
N/A or Leave Blank

10b. City  
N/A or Leave Blank

10c. State [10d. ZIP + 4®]  
N/A or Leave Blank

10e. Business Telephone Number (include area code)  
N/A or Leave Blank

11. Type of Business  
N/A or Leave Blank

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.)  
N/A or Leave Blank

13. If a CORPORATION, Give Names and Addresses of Its Officers  
N/A or Leave Blank

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.  
N/A or Leave Blank

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  
NOTARY SIGNATURE & NOTARY SEAL John Smith Katherine Smith

PS Form 1583, December 2004 (Page 1 of 2) (7530-01-000-9365) This form on Internet at www.usps.com®

individual

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3a. Address (No., street, apt./ste. no.)  
5753 My RV Mail, Inc. N PMB

3b. City  
Crestview FL 32536

3c. State [3d. ZIP + 4®]  
FL 32536

4. Applicant authorizes delivery to and in care of:

a. Name  
John Smith

b. Address (No., street, apt./ste. no.)  
John Smith

c. City  
Crestview FL 32536

6. Name of Applicant  
John Smith

7a. Applicant Home Address (No., street, apt./ste. no.)  
4541 Lilydale Ave

7b. City  
Clearlake MN 12345

7c. State [7d. ZIP + 4®]  
MN 12345

7e. Applicant Telephone Number (include area code)  
(123) 456-7890

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.

a. US Passport #: 12345678  
Driver's License DL #: 12345678

b. US Passport #: 12345678  
Driver's License DL #: 12345678

9. Name of Firm or Corporation  
N/A or Leave Blank

10a. Business Address (No., street, apt./ste. no.)  
N/A or Leave Blank

10b. City  
N/A or Leave Blank

10c. State [10d. ZIP + 4®]  
N/A or Leave Blank

10e. Business Telephone Number (include area code)  
N/A or Leave Blank

11. Type of Business  
N/A or Leave Blank

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.)  
N/A or Leave Blank

13. If a CORPORATION, Give Names and Addresses of Its Officers  
N/A or Leave Blank

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.  
N/A or Leave Blank

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15. Signature of Agent/Notary Public  
NOTARY SIGNATURE & NOTARY SEAL John Smith

PS Form 1583, December 2004 (Page 1 of 2) (7530-01-000-9365) This form on Internet at www.usps.com®

business

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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 redelivered 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).

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5753 My RV Mail, Inc. N PMB

3b. City  
Crestview FL 32536

3c. State [3d. ZIP + 4®]  
FL 32536

4. Applicant authorizes delivery to and in care of:

a. Name  
John Smith John Smith

b. Address (No., street, apt./ste. no.)  
John Smith Family Furniture Smith Family Furniture

c. City  
Crestview FL 32536

6. Name of Applicant  
John Smith

7a. Applicant Home Address (No., street, apt./ste. no.)  
4541 Lilydale Ave

7b. City  
Clearlake MN 12345

7c. State [7d. ZIP + 4®]  
MN 12345

7e. Applicant Telephone Number (include area code)  
(123) 456-7890

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.

a. US Passport #: 12345678  
Driver's License DL #: 12345678

b. US Passport #: 12345678  
Driver's License DL #: 12345678

9. Name of Firm or Corporation  
Smith Family Furniture

10a. Business Address (No., street, apt./ste. no.)  
432 South Place Dr.

10b. City  
Clearlake, MN 52612

10c. State [10d. ZIP + 4®]  
MN 52612

10e. Business Telephone Number (include area code)  
N/A or Leave Blank

11. Type of Business  
Furniture making

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.)  
John Smith  
Smith Family Furniture

13. If a CORPORATION, Give Names and Addresses of Its Officers  
John Smith, Owner/President Blue County, MN 3/04/07

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.  
Blue County, MN 3/04/07

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15. Signature of Agent/Notary Public  
NOTARY SIGNATURE & NOTARY SEAL John Smith

PS Form 1583, December 2004 (Page 1 of 2) (7530-01-000-9365) This form on Internet at www.usps.com®

Please review the sample forms that have been included with these instructions.

IMPORTANT

Make sure you send in FORM 1583 for applicant. Additional forms may be printed from the home site www.MyRVmail.com.

Mail to MyRVmail.com the following:

- Necessary notarized 1583 forms

Please allow up to 7 days to set-up membership. An e-mail confirmation will be sent once paper work is received.

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	3b. City <b>Crestview</b>	3c. State <b>FL</b>	3d. ZIP + 4® <b>32536-9365</b>

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 <b>MyRVmail</b>			
b. Address (No., street, apt./ste. no.) <b>5753 Hwy 85 N</b>			
c. City <b>Crestview</b>	d. State <b>FL</b>	e. ZIP + 4 <b>32536-9365</b>	

6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no)		
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
	7e. Applicant Telephone Number (Include area code)		
a.	9. Name of Firm or Corporation		
b.	10a. Business Address (No., street, apt./ste. no)		
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.	10b. City	10c. State	10d. ZIP + 4
	10e. Business Telephone Number (Include area code)		
	11. Type of Business		

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.)

13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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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 (If firm or corporation, application must be signed by officer. Show title.)
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	3b. City <b>Crestview</b>	3c. State <b>FL</b>	3d. ZIP + 4® <b>32536-9365</b>

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 <b>MyRVmail</b>			
b. Address (No., street, apt./ste. no.) <b>5753 Hwy 85 N</b>			
c. City <b>Crestview</b>	d. State <b>FL</b>	e. ZIP + 4 <b>32536-9365</b>	

6. Name of Applicant	7a. Applicant Home Address (No., street, apt./ste. no)		
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
	7e. Applicant Telephone Number (Include area code)		
a.	9. Name of Firm or Corporation		
b.	10a. Business Address (No., street, apt./ste. no)		
	10b. City	10c. State	10d. ZIP + 4
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.	10e. Business Telephone Number (Include area code)		
	11. Type of Business		

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.)

13. If a CORPORATION, Give Names and Addresses of Its Officers	14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.
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15. Signature of Agent/Notary Public	16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)
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### **Privacy Act Statement**

“Privacy Act Statement: The collection of this information is authorized by 39 USC 403 and 404. This information will be used to authorize the delivery of the intended addressee’s mail to another. The Postal Service may disclose this information to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain or provide information relevant to an agency decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; and for the purpose of identifying an address as an address of an agent to whom mail is delivered on the behalf of other persons. Information concerning an individual who has filed an appropriate protected court order with the postmaster will not be disclosed in any of the above circumstances except pursuant to the order of a court of competent jurisdiction. Completion of this form is voluntary; however, without the information, the mail will be withheld from delivery to the agent and delivered to the addressee, or, if the address of the addressee is that of the agent, returned to the sender.”