United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

i. Date				
	05	/20)/20	15

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 ve at the home or business address liste					r conducts business	
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.) 2409 E HWY 281 (#12345)			
			3b. City	3c. State	3d. ZIP + 4 [®]	
JOSE TORRES			HIDALGO	TX	78557	
4. Applicant authorizes delivery to and in care of:			This authorization is extended to include restricted delivery mail for the undersigned(s):			
a. Name AGORA (JL FORWARDING	AND L	OGISTICS LLC)		/ 1005 TODDEO		
b. Address (No., street, apt./ste. no.) 2409 E HWY 281		FIRMA / JOSE TORRES				
c. City	d. State	e. ZIP + 4				
HIDALGO	TX	78557				
6. Name of Applicant	•		7a. Applicant Home Address (No., street, apt./ste. no)			
JOSE IGNACIO TOR	RES PE	REZ	AV. CONSTITUCION #1234			
8. Two types of identification are required. O			7b. City		7d. ZIP + 4	
the addressee(s). Social Security cards, care unacceptable as identification. The ag	realt card: ent must '	s, and birth certificates write in identifying	MONTERREY	NL	64060	
information. Subject to verification.			7e. Applicant Telephone Number (Include area code)			
a.			+52(81)0000-0000			
PASAPORTE			9. Name of Firm or Corporation N/A			
b. CREDENCIAL DE ELECTOR (IFE)			10a. Business Address (No., street, apt./ste. no)			
			N/A			
	`	<u> </u>	10b. City		10d. ZIP + 4	
Assentable identification includes welld driv	orla liaan	a ar atata nan drivarla	N/A	N/A	N/A	
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) N/A			
			11. Type of Business			
			N/A			
12. If applicant is a firm, name each member of minors receiving mail at their delivery			ll names listed must have verifiab	ole identification. A guard	dian must list the names	
N/A						
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.			
N/A			N/A			
Warning: The furnishing of false or mislead	ling inform	nation on this form or omi	 ssion of material information may	result in criminal sancti	ions (including fines and	

16. Signature of Applicant (If firm or corporation, application must be signed

JOSE TORRES / FIRMA

by officer. Show title.)

15. Signature of Agent/Notary Public

imprisonment) and/or civil sanctions (including multiple damages and civil penalties)

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS [®] auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com [®] .